

NECX



HEALTH QUESTIONNAIRE

HSA

INMATE NAME: Pleasant-Bey, Boaz
RECEIVING INSTITUTION: TCIX/M
INITIAL INTAKE: _____
TEMPORARY TRANSFER: _____
TDOC NUMBER: 473110
DATE: 3/2/18
TIME: 1215 a.m./p.m.
PERMANENT TRANSFER: ☒



TENNESSEE DEPARTMENT OF CORRECTION
FOOD HANDLER'S PERMIT
TCIX-M
INSTITUTION

NAME: Pleasant-Bey, Boaz
NUMBER: 473110
DOB: 6-18-83

TYPE OF HEALTH REVIEW: Designate with a check (4) mark.

INITIAL ☒ ANNUAL _____ INTERVAL _____

A health record review is now complete on the above named inmate.

The above named inmate had a current tuberculosis (TB) screening.

This permit is valid for one (1) year unless inmate has an intervening health condition requiring removal from food service assignment

AUTHORIZED BY: Carmel Ventune RN DATE: 3-13-18
Health Care Provider Signature/Professional Title

CR-2239 (Rev. 7-01) White-Food Service Manager Canary-Health Services File Pink-Institutional Jobs Coordinator RDA 1100

ing ☐ Writing
☒ Yes ☐ No
disease, or other infectious diseases)?
No
in drugs? ☐ Yes ☒ No
ption drugs? ☐ Yes ☒ No
this
and sweating):
undice, rashes, tattoos, and infestation(s)



TENNESSEE DEPARTMENT OF CORRECTION
TRANSFER/DISCHARGE HEALTH SUMMARY

Name of Inmate: Pleasant-Bey, Boaz Inmate Number (TDOC/IDN): 473110
Inmate DOB: 6/18/83 Sex: ☒ Male ☐ Female
Current Institution/County/Facility: NECX Receiving Institution/County/Facility: TCIX
Reason for Transfer/Discharge: perm
Requires Chronic Illness Monitoring: ☐ Yes ☒ No Requires Mental Health/Psychiatric Monitoring? ☐ Yes ☒ No

HEALTH HISTORY Check (✓) all conditions present

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Depression | <input type="checkbox"/> Hernia | <input type="checkbox"/> Prosthesis (specify) _____ |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Suicide Attempt/Gesture/Ideation |
| <input type="checkbox"/> Cancer (specify) _____ | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Chemical Dependency | <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Venereal Disease |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Other (specify): _____ | | |

MH Diagnosis(s): LOC I

MEDICATION ORDERS

NAME OF DRUG	STRENGTH/ROUTE	FREQUENCY	LAST DOSE DATE/TIME	MEDICATION SENT (Circle Y/N)	AMOUNTS SENT	KOP (Circle Y/N)
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No

Brief Summary of Current Problems/Diagnosis(s): LOC I

Special Instructions (e.g. Allergies, Diet, Impairments, Medical Appointments, etc.): NKDA

Referred to Community Resources: ☐ Yes ☒ No Specify: _____

TB INFORMATION

TB Clearance ☒ Y ☐ N; BCG ☐ Y ☐ No; PPD Completed: 6/16/17 Results: 0mm CXR Completed: / /

Health Authority Clearance: 3/2/18

Rebecca Bluems
Name

lm
Title

3/1/18
Date

SPECIAL INSTRUCTIONS/PRECAUTIONS

Inmate is on Suicide Monitoring or Special Mental Health Observation: ☐ Yes ☒ No

Is Inmate medically able to travel by BUS, CAR, or VAN?

Does the inmate require medication during transport?

Does the inmate require medical equipment during transport?

Does the inmate have communicable disease clearance to travel?

Is the Transport Officer required to use universal precautions and the use of masks or gloves?

Dates:

☒ Yes

☐ No

☐ Yes

☒ No

☐ Yes

☒ No

☒ Yes

☐ No

☐ Yes

☒ No

Conservator: ☐ Yes (list information below) ☒ No (If no, list Emergency Contact)

Name: Dianne mibeo

Address: N/A

Phone: N/A

Report prepared by: Rebecca Bluems
Health Signature/Professional Title

3/1/18
Date

Report prepared by: _____
Mental Health Signature/Professional Title (if applicable)

Date

Receiving Institution: Jane Branch
Signature/Professional Title

3-2-18
Date



TENNESSEE DEPARTMENT OF CORRECTION
CONSENT / REFUSAL OF INFLUENZA VACCINE

LA 7/1/52

NECX
INSTITUTION

Name: Pleasant Bey Boaz TOMIS#: 473110 Date of Birth: 6/3
Last First Middle

☐ I agree to receive the influenza vaccination at the Tennessee Department of Correction.

I have received the Vaccine Information Sheet (VIS) from the nurse administering the vaccine and had the opportunity to ask questions. I attest that I am not allergic to eggs and have not experienced serious side effects in the past to receiving the Influenza Vaccine (if allergic to eggs or has experienced serious side effects refer to physician before administering the vaccine). I understand the possible side effects of this vaccine. I understand that I may experience side effects symptoms such as soreness/redness at the injection site. I agree that if I experience any of the listed moderate or severe side effects from this vaccine as explained to me, I will seek immediate medical attention from clinical service staff as soon as possible.

NA

Date: _____ Time: _____
(Signature of Patient)

Witness: _____
Professional Title _____ Date _____

☒ I refuse to receive the Influenza vaccine

I understand that if I do not receive the vaccine, the consequences may include increased risk of: getting sick from the illness the vaccine could prevent; spreading the disease to others, who could become ill, be hospitalized, or die as a result; being hospitalized for heart disease, stroke, and pneumonia. I also acknowledge that the Influenza vaccine will be made available to me in the future by utilizing the institution's sick call procedure.

Date: 10/13/2017 Time: 0300 Boaz
(Signature of Patient)

Witness: Rose Linceford RMA 10-13-17
Professional Title Date

Witness: Sidney Ballard NP Sidney Ballard, NP-C 10-13-17
Professional Title Date



**TENNESSEE DEPARTMENT OF CORRECTION
HEALTH SERVICES
REFUSAL OF MEDICAL SERVICES**

INSTITUTION

nech

Date

7/19

20

17

Time

0630

AM/PM

This is to certify that I

Pleasant Bay Boaz

(Inmate's Name)

473110

(TDOC Number)

have been advised that I have been scheduled for the following medical services and/or have been advised to have the following evaluations, treatment, or surgical/other procedures:

Labs - CBC, CMP, FLP, UA, UDS ordered
6-25-17

I am refusing the above listed medical services against the advice of the attending physician and/or the Health Services staff. I acknowledge that I have been informed of the risks involved by my refusal and hereby release the State of Tennessee, Department of Correction, and their employees from all responsibility for any ill effects which may be experienced as a result of this refusal. I also acknowledge this medical service may not be made readily available to me in the future unless an attending physician certifies my medical problem as a medical emergency.

Signed:

[Signature]

(Inmate)

473110

(TDOC number)

7-19-17

(Date)

Witness:

[Signature]

(Signature)

RN

(Title)

7-19-17

(Date)

Witness:

[Signature]

(Signature)

LPN

(Title)

7-19-17

(Date)

The above information has been read and explained to,

(Inmate's Name)

(TDOC number)

but has refused to sign

the form.

Witness:

(Signature)

(Title)

(Date)

Witness:

(Signature)

(Title)

(Date)



TENNESSEE DEPARTMENT OF CORRECTION
HEALTH QUESTIONNAIRE

INMATE NAME: Pleasant-bey, Boaz TDOC NUMBER: 473110 DOB: 6-18-83
RECEIVING INSTITUTION: NECX DATE: 7/17/17 TIME: 11:50 a.m./p.m.
INITIAL INTAKE: _____ TEMPORARY TRANSFER: _____ PERMANENT TRANSFER: ✓

INQUIRE:

1. Do you have any barriers to learning? ☐ Vision ☐ Hearing ☐ Reading ☐ Writing
2. Do you speak/read English? Speak: ☒ Yes ☐ No Read: ☒ Yes ☐ No
3. Have you ever had a positive TB test? ☐ Yes ☒ No If yes, describe: NA
4. Are you being treated for any illness or health problem (including dental, venereal disease, or other infectious diseases)?
☐ Yes ☒ No If yes, describe: NA
5. Do you have any physical, mental or dental complaints at this time? ☐ Yes ☒ No
If yes, describe: NA
6. Are you currently taking any medication(s)? ☐ Yes ☒ No
If yes, was the medication transferred with the inmate? ☐ Yes ☒ No
If yes, describe (what used, how much, how often, date of last use, and any problems)
NA
7. Have you recently or in the past, used alcohol or other drugs, including prescription drugs? ☐ Yes ☒ No
8. Have you ever been hospitalized for using alcohol or other drugs, including prescription drugs? ☐ Yes ☒ No
If yes, when? NA
9. Do you have any allergies? ☒ Yes ☐ No If yes, describe: Seasonal allergies

(For women)

10. a) LMP _____ b) Are you pregnant? ☐ Yes ☐ No Number of months _____
c) Have you recently delivered? ☐ Yes ☐ No Date: _____
d) Are you on birth control pills? ☐ Yes ☐ No
e) Any gynecological problems? ☐ Yes ☐ No
11. Screening for MRSA Infections:
a) Do you have any lesions, sores or insect bites? ☐ Yes ☒ No
If so, do you have any open/draining lesions, sores, or insect bites? ☐ Yes ☒ No
If yes, where are these lesions? NA

OBSERVE:

1. Behavior (including state of awareness, mental status, appearance, conduct, tremor and sweating):
☒ Normal ☐ Abnormal If abnormal, describe: NA
2. Skin Assessment (including needle marks, trauma markings, bruises, lesions, jaundice, rashes, tattoos, and infestation(s))
☐ Yes ☒ No
If yes, describe: NA
3. Is there evidence of Abuse or Trauma? ☐ Yes ☒ No



TENNESSEE DEPARTMENT OF CORRECTION
TRANSFER/DISCHARGE HEALTH SUMMARY

Name of Inmate: Pleasant - Roy, Boaz Inmate Number (TDOC/IDN): 473110
Inmate DOB: 6-18-85 Sex: ☒ Male ☐ Female
Current Institution/County/Facility: MCCX Receiving Institution/County/Facility: NECX
Reason for Transfer/Discharge: Crn
Requires Chronic Illness Monitoring: ☐ Yes ☒ No Requires Mental Health/Psychiatric Monitoring? ☐ Yes ☐ No

HEALTH HISTORY Check (✓) all conditions present

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Depression | <input type="checkbox"/> Hernia | <input type="checkbox"/> Prosthesis (specify) _____ |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Suicide Attempt/Gesture/Ideation |
| <input type="checkbox"/> Cancer (specify) _____ | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Chemical Dependency | <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Venereal Disease |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Other (specify): _____ | | |

MH Diagnosis(s): COXI

MEDICATION ORDERS

NAME OF DRUG	STRENGTH/ROUTE	FREQUENCY	LAST DOSE DATE/TIME	MEDICATION SENT (Circle Y/N)	AMOUNTS SENT	KOP (Circle Y/N)
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No
				Yes No		Yes No

Brief Summary of Current Problems/Diagnosis(s): NIA

Special Instructions (e.g. Allergies, Diet, Impairments, Medical Appointments, etc.): NKDA

Referred to Community Resources: ☐ Yes ☒ No Specify: _____

TB INFORMATION

TB Clearance ☒ Y ☐ N; BCG ☐ Y ☒ No; PPD Completed: 6-14-17 Results: Negative CXR Completed: 1

Health Authority Clearance: 6-123-17

Name _____ Title _____ Date _____

SPECIAL INSTRUCTIONS/PRECAUTIONS

Inmate is on Suicide Monitoring or Special Mental Health Observation: ☐ Yes ☒ No Dates: _____
Is Inmate medically able to travel by BUS, CAR, or VAN? ☒ Yes ☐ No
Does the inmate require medication during transport? ☐ Yes ☒ No
Does the inmate require medical equipment during transport? ☐ Yes ☒ No
Does the inmate have communicable disease clearance to travel? ☒ Yes ☐ No
Is the Transport Officer required to use universal precautions and the use of masks or gloves? ☒ Yes ☐ No

Conservator: ☐ Yes ☒ No

Name: _____ Address: _____ Phone: _____

Report prepared by: Vance Hall, RN Health Signature/Professional Title: _____ Date: 7-16-17

Report prepared by: _____ Mental Health Signature/Professional Title (if applicable): _____ Date: _____

Receiving Institution: Lynchburg Signature/Professional Title: _____ Date: 7/17/17



TENNESSEE DEPARTMENT OF CORRECTION
HEALTH QUESTIONNAIRE

INMATE NAME: Pleasant, Bay, Boaz TDOC NUMBER 473110 DOB 6/18/83
RECEIVING INSTITUTION: MCCX DATE: 7/14/17 TIME: _____ a.m./p.m.
INITIAL INTAKE: _____ TEMPORARY TRANSFER: _____ PERMANENT TRANSFER: _____

INQUIRE:

1. Do you have any barriers to learning? ☐ Vision ☐ Hearing ☐ Reading ☐ Writing
 2. Do you speak/read English? Speak: ☒ Yes ☐ No Read: ☒ Yes ☐ No
 3. Have you ever had a positive TB test? ☐ Yes ☒ No If yes, describe _____
 4. Are you being treated for any illness or health problem (including dental, venereal disease, or other infectious diseases)?
☐ Yes ☒ No If yes, describe: _____
 5. Do you have any physical, mental or dental complaints at this time? ☐ Yes ☒ No
If yes, describe: _____
 6. Are you currently taking any medication(s)? ☐ Yes ☒ No
If yes, was the medication transferred with the inmate? ☐ Yes ☐ No
If yes, describe (what used, how much, how often, date of last use, and any problems) _____
 7. Have you recently or in the past, used alcohol or other drugs, including prescription drugs? ☐ Yes ☒ No
 8. Have you ever been hospitalized for using alcohol or other drugs, including prescription drugs?
If yes, when? _____ ☐ Yes ☒ No
 9. Do you have any allergies? ☐ Yes ☒ No If yes, describe: _____
- (For women)
10. a) LMP _____ b) Are you pregnant? ☐ Yes ☐ No Number of months _____
c) Have you recently delivered? ☐ Yes ☐ No Date: _____
d) Are you on birth control pills? ☐ Yes ☐ No
e) Any gynecological problems? ☐ Yes ☐ No
 11. Screening for MRSA Infections:
a) Do you have any lesions, sores or insect bites? ☐ Yes ☒ No
If so, do you have any open/draining lesions, sores, or insect bites? ☐ Yes ☐ No
If yes, where are these lesions? _____

OBSERVE:

1. Behavior (including state of awareness, mental status, appearance, conduct, tremor and sweating):
☒ Normal ☐ Abnormal If abnormal, describe: _____
2. Skin Assessment (including needle marks, trauma markings, bruises, lesions, jaundice, rashes, tattoos, and infestation(s))
☐ Yes ☒ No
If yes, describe: _____
3. Is there evidence of Abuse or Trauma? ☐ Yes ☒ No



TENNESSEE DEPARTMENT OF CORRECTION
TRANSFER/DISCHARGE HEALTH SUMMARY

Name of Inmate: Pleasant-Bey Benz
Sex: ☒ Male ☐ Female

Inmate Number (TDOC/IDN): 473110

Current Institution/County/Facility: WTSP

Receiving Institution/County/Facility: Neck/neck

Reason for Transfer/Discharge: CRN

Requires Chronic Illness Monitoring: ☐ Yes ☒ No

Requires Mental Health/Psychiatric Monitoring? ☐ Yes ☒ No

HEALTH HISTORY Check (N) all conditions present

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Depression | <input type="checkbox"/> Hernia | <input type="checkbox"/> Prosthesis (specify) _____ |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Suicide Attempt/Gesture/Ideation |
| <input type="checkbox"/> Cancer (specify) _____ | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Chemical Dependency | <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Venereal Disease |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Other (specify): _____ | | |

MH Diagnosis(s): Loc 1

MEDICATION ORDERS

NAME OF DRUG	STRENGTH/ROUTE	FREQUENCY	LAST DOSE DATE/TIME	MEDICATION SENT (Circle Y/N)		AMOUNTS SENT	KOP (Circle Y/N)	
				Yes	No		Yes	No

Brief Summary of Current Problems/Diagnosis(s): _____

Special Instructions (e.g. Allergies, Diet, Impairments, Medical Appointments, etc.): _____

Referred to Community Resources: ☐ Yes ☐ No Specify: _____

TB INFORMATION

TB Clearance ☐ Y ☐ N; BCG ☐ Y ☐ No; PPD Completed: 6/6/17

Results: Ø

CXR Completed / /

Health Authority Clearance: 6/28/17

Name _____

Title _____

Date _____

SPECIAL INSTRUCTIONS/PRECAUTIONS

Inmate is on Suicide Monitoring or Special Mental Health Observation: ☐ Yes ☒ No

Dates: _____

Is Inmate medically able to travel by BUS, CAR, or VAN? ☒ Yes ☐ No

Does the inmate require medication during transport? ☒ Yes ☐ No

Does the inmate require medical equipment during transport? ☒ Yes ☐ No

Does the inmate have communicable disease clearance to travel? ☒ Yes ☐ No

Is the Transport Officer required to use universal precautions and the use of masks or gloves? ☒ Yes ☐ No

Conservator: ☐ Yes ☒ No

Name: _____

Address: _____

Phone: _____

Report prepared by: Belle Smith

Health Signature/Professional Title

7/14/17
Date

Report prepared by: Sarah Peddicord

Mental Health Signature/Professional Title (if applicable)

Date

Receiving Institution: Sarah Peddicord

Signature/Professional Title

7/14/17
Date

Neyp



TENNESSEE DEPARTMENT OF CORRECTION
HEALTH QUESTIONNAIRE

INMATE NAME: Plesant-Bey, Brian TDOC NUMBER 473110 DOB 6/18/83

RECEIVING INSTITUTION: WTSP 2 DATE: 7/13/17 TIME: 12 2.m/p.m.

INITIAL INTAKE: _____ TEMPORARY TRANSFER: ☒ PERMANENT TRANSFER: _____

INQUIRE:

1. Do you have any barriers to learning? ☐ Vision ☐ Hearing ☐ Reading ☐ Writing NO
2. Do you speak/read English? Speak: ☒ Yes ☐ No Read: ☒ Yes ☐ No
3. Have you ever had a positive TB test? ☐ Yes ☒ No If yes, describe _____
4. Are you being treated for any illness or health problem (including dental, venereal disease, or other infectious diseases)?
☐ Yes ☒ No If yes, describe: _____
5. Do you have any physical, mental or dental complaints at this time? ☐ Yes ☒ No
If yes, describe: _____
6. Are you currently taking any medication(s)? ☐ Yes ☒ No
If yes, was the medication transferred with the inmate? ☐ Yes ☐ No
If yes, describe (what used, how much, how often, date of last use, and any problems) _____
7. Have you recently or in the past, used alcohol or other drugs, including prescription drugs? ☐ Yes ☒ No
8. Have you ever been hospitalized for using alcohol or other drugs, including prescription drugs? ☐ Yes ☒ No
If yes, when? _____
9. Do you have any allergies? ☐ Yes ☒ No If yes, describe: _____

(For women)

10. a) LMP _____ b) Are you pregnant? ☐ Yes ☐ No Number of months _____
c) Have you recently delivered? ☐ Yes ☐ No Date: _____
d) Are you on birth control pills? ☐ Yes ☐ No
e) Any gynecological problems? ☐ Yes ☐ No
11. Screening for MRSA Infections:
a) Do you have any lesions, sores or insect bites? ☐ Yes ☒ No
If so, do you have any open/draining lesions, sores, or insect bites? ☐ Yes ☐ No
If yes, where are these lesions? _____

OBSERVE:

1. Behavior (including state of awareness, mental status, appearance, conduct, tremor and sweating):
☒ Normal ☐ Abnormal If abnormal, describe: _____
2. Skin Assessment (including needle marks, trauma markings, bruises, lesions, jaundice, rashes, tattoos, and infestation(s))
☐ Yes ☒ No
If yes, describe: _____
3. Is there evidence of Abuse or Neglect? ☐ Yes ☒ No

CR-217b (Rev. 11-16)

Form 100-1
Duplicate of Form 100-1

RD/1/17

NECX
2A19



TENNESSEE DEPARTMENT OF CORRECTION
HEALTH QUESTIONNAIRE

INMATE NAME: Pleasant-bey B. TDOC NUMBER 473110 DOB 6-18-93

RECEIVING INSTITUTION: WTSP DATE: 6-28-17 TIME: 4:50 a.m./p.m. (p.m.)

INITIAL INTAKE: _____ TEMPORARY TRANSFER: ☒ PERMANENT TRANSFER: _____

INQUIRE:

1. Do you have any barriers to learning? None ☐ Vision ☐ Hearing ☐ Reading ☐ Writing
2. Do you speak/read English? Speak: ☒ Yes ☐ No Read: ☒ Yes ☐ No
3. Have you ever had a positive TB test? ☐ Yes ☒ No If yes, describe _____
4. Are you being treated for any illness or health problem (including dental, venereal disease, or other infectious diseases)?
☐ Yes ☒ No If yes, describe: _____
5. Do you have any physical, mental or dental complaints at this time? ☐ Yes ☒ No
If yes, describe: _____
6. Are you currently taking any medication(s)? ☐ Yes ☒ No
If yes, was the medication transferred with the inmate? ☐ Yes ☒ No
If yes, describe (what used, how much, how often, date of last use, and any problems) _____
7. Have you recently or in the past, used alcohol or other drugs, including prescription drugs? ☐ Yes ☒ No
8. Have you ever been hospitalized for using alcohol or other drugs, including prescription drugs? ☐ Yes ☒ No
If yes, when? _____
9. Do you have any allergies? ☐ Yes ☒ No If yes, describe: _____

(For women)

10. a) LMP _____ b) Are you pregnant? ☐ Yes ☐ No Number of months _____
c) Have you recently delivered? ☐ Yes ☒ No Date: _____
d) Are you on birth control pills? ☐ Yes ☒ No
e) Any gynecological problems? ☐ Yes ☒ No
11. Screening for MRSA Infections:
a) Do you have any lesions, sores or insect bites? ☐ Yes ☒ No
If so, do you have any open/draining lesions, sores, or insect bites? ☐ Yes ☒ No
If yes, where are these lesions? _____

OBSERVE:

1. Behavior (including state of awareness, mental status, appearance, conduct, tremor and sweating):
☐ Normal ☒ Abnormal If abnormal, describe: _____
2. Skin Assessment (including needle marks, trauma markings, bruises, lesions, jaundice, rashes, tattoos, and infestation(s))
☐ Yes ☒ No
If yes, describe: _____
3. Is there evidence of Abuse or Trauma? ☐ Yes ☒ No



TENNESSEE DEPARTMENT OF CORRECTION
TRANSFER/DISCHARGE HEALTH SUMMARY

Name of Inmate: Pleasant-Bey, Boaz Inmate Number (TDOC/IDN): 473110
Inmate DOB: 6/18/83 Sex: ☒ Male ☐ Female
Current Institution/County/Facility: NEW Receiving Institution/County/Facility: WTSP
Reason for Transfer/Discharge: Court Temp
Requires Chronic Illness Monitoring: ☐ Yes ☒ No Requires Mental Health/Psychiatric Monitoring? ☐ Yes ☒ No

HEALTH HISTORY Check (✓) all conditions present

<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Depression	<input type="checkbox"/> Hernia	<input type="checkbox"/> Prosthesis (specify) _____
<input type="checkbox"/> Alcoholism	<input type="checkbox"/> Diabetes	<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Rheumatoid Arthritis
<input type="checkbox"/> Anemia	<input type="checkbox"/> Emphysema	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Stroke
<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Suicide Attempt/Gesture/Ideation
<input type="checkbox"/> Cancer (specify) _____	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Chemical Dependency	<input type="checkbox"/> Hepatitis C	<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Venereal Disease
<input type="checkbox"/> COPD	<input type="checkbox"/> Other (specify): _____		

MH Diagnosis(s): LOC I

MEDICATION ORDERS

NAME OF DRUG	STRENGTH/ROUTE	FREQUENCY	LAST DOSE DATE/TIME	MEDICATION SENT (Circle Y/N)		AMOUNTS SENT	KOP (Circle Y/N)	
				Yes	No		Yes	No

Brief Summary of Current Problems/Diagnosis(s): _____

Special Instructions (e.g. Allergies, Diet, Impairments, Medical Appointments, etc.): _____

Referred to Community Resources: ☐ Yes ☐ No Specify: _____

TB INFORMATION

TB Clearance ☐ Y ☐ N; BCG ☐ Y ☐ No; PPD Completed: 6/6/17 Results: 0 mm CXR Completed / /

Health Authority Clearance: 6/28/17

Rebecca Blevins

Name

ly

Title

6/27/17

Date

SPECIAL INSTRUCTIONS/PRECAUTIONS

Inmate is on Suicide Monitoring or Special Mental Health Observation: ☐ Yes ☒ No Dates: _____

Is Inmate medically able to travel by BUS, CAR, or VAN? ☒ Yes ☐ No

Does the inmate require medication during transport? ☐ Yes ☒ No

Does the inmate require medical equipment during transport? ☐ Yes ☒ No

Does the inmate have communicable disease clearance to travel? ☒ Yes ☐ No

Is the Transport Officer required to use universal precautions and the use of masks or gloves? ☐ Yes ☒ No

Conservator: ☐ Yes ☒ No

Name: _____ Address: _____ Phone: _____

Report prepared by: Rebecca Blumsky 6/27/17
Health Signature/Professional Title Date

Report prepared by: _____ Date

Receiving Institution: Wanda Howard 6-28-17
Signature/Professional Title Date



**TENNESSEE DEPARTMENT OF CORRECTION
HEALTH SERVICES
REFUSAL OF MEDICAL SERVICES**

INSTITUTION NECK

Date _____ 20 _____ Time _____ AM/PM

This is to certify that I Pleasant-Bey, Boaz 473110
(Inmate's Name) (TDOC Number)

have been advised that I have been scheduled for the following medical services and/or have been advised to have the following evaluations, treatment, or surgical/other procedures:

Refused Rectal Exam for Physical

I am refusing the above listed medical services against the advice of the attending physician and/or the Health Services staff. I acknowledge that I have been informed of the risks involved by my refusal and hereby release the State of Tennessee, Department of Correction, and their employees from all responsibility for any ill effects which may be experienced as a result of this refusal. I also acknowledge this medical service may not be made readily available to me in the future unless an attending physician certifies my medical problem as a medical emergency.

Signed: [Signature] 473110 6/23/17
(Inmate) (TDOC number) (Date)

Witness: [Signature] Sidney Ballard, NP-C 6-23-17
(Signature) (Title) (Date)

Witness: [Signature] [Signature] 6-23-17
(Signature) (Title) (Date)

The above information has been read and explained to,

_____ but has refused to sign
(Inmate's Name) (TDOC number)

Witness: _____
(Signature) (Title) (Date)

Witness: _____
(Signature) (Title) (Date)



TENNESSEE DEPARTMENT OF CORRECTION
CONSENT / REFUSAL OF INFLUENZA VACCINE

MECX
INSTITUTION

Name: Pleasant Bey Boaz TOMIS#: 473110 Date of Birth: 6/18/83
Last First Middle

☐ I agree to receive the influenza vaccination at the Tennessee Department of Correction.

I have received the Vaccine Information Sheet (VIS) from the nurse administering the vaccine and had the opportunity to ask questions. I attest that I am not allergic to eggs and have not experienced serious side effects in the past after receiving the Influenza Vaccine (if allergic to eggs or has experienced serious side effects refer to physician before administering the vaccine). I understand the possible side effects of this vaccine. I understand that I may experience mild side effects symptoms such as soreness/redness at the injection site. I agree that if I experience any of the listed mild, moderate or severe side effects from this vaccine as explained to me, I will seek immediate medical attention from the clinical service staff as soon as possible.

Date: _____ Time: _____

(Signature of Patient)

Witness: _____

Professional Title

Date

☒ I refuse to receive the Influenza vaccine

I understand that if I do not receive the vaccine, the consequences may include increased risk of: getting sick from the illness the vaccine could prevent; spreading the disease to others, who could become ill, be hospitalized, or die as a result; being hospitalized for heart disease, stroke, and pneumonia. I also acknowledge that the Influenza vaccine will be made available to me in the future by utilizing the institution's sick call procedure.

Date: 10-22-16 Time: 0145

Boaz Pleasant Bey
(Signature of Patient)

Witness: [Signature]

Professional Title

Date

Witness: [Signature]

Professional Title

Date



TENNESSEE DEPARTMENT OF CORRECTION
HEALTH SERVICES
REFUSAL OF MEDICAL SERVICES

13/46-

INSTITUTION MECX

Date 10-20 20 16

Time 0145 AM/PM

This is to certify that I Boaz Pleasant - Bay 473110-
(Inmate's Name) (TDOC Number)

have been advised that I have been scheduled for the following medical services and/or have been advised to have the following evaluations, treatment, or surgical/other procedures:

FLO SHOT

I am refusing the above listed medical services against the advice of the attending physician and/or the Health Services staff. I acknowledge that I have been informed of the risks involved by my refusal and hereby release the State of Tennessee, Department of Correction, and their employees from all responsibility for any ill effects which may be experienced as a result of this refusal. I also acknowledge this medical service may not be made readily available to me in the future unless an attending physician certifies my medical problem as a medical emergency.

Signed: Boaz Pleasant Bay 473110 6/18/83
(Inmate) (TDOC number) (Date)

Witness: [Signature] RN 10-22-16
(Signature) (Title) (Date)

Witness: [Signature] RN 10-22-16
(Signature) (Title) (Date)

The above information has been read and explained to,

(Inmate's Name) _____ but has refused to sign
the form. (TDOC number)

Witness: _____
(Signature) (Title) (Date)

Witness: _____
(Signature) (Title) (Date)

TENNESSEE DEPARTMENT OF CORRECTION
Standing Orders for Administering Inactivated Influenza Vaccines

Protocol: Under these standing orders, qualified healthcare personnel where allowed by state law, may vaccinate TDOC inmates who meet any of the criteria below.

Procedure:

1. Identify inmates and health care workers in need of influenza vaccination based on the following priority groups:
 - a) All clinic health care workers;
 - b) Pregnant inmates
 - c) Inmates aged ≥ 50 years;
 - d) Inmates with chronic pulmonary (including asthma), cardiovascular (excluding hypertension); renal; hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus);
 - e) Inmates aged ≤ 18 years and receiving long-term aspirin therapy and who therefore might be at risk for experiencing Reye's syndrome after influenza virus infection
 - f) Morbidly obese (body-mass index ≥ 40)
 - g) All other inmates
2. Screen all inmates and healthcare workers for contraindications and precautions to the influenza vaccine:
 - a. Contraindications: serious reaction (e.g., anaphylaxis) after ingesting eggs or after receiving a previous dose of influenza vaccine or an influenza vaccine component.
 - b. Precautions: moderate or severe acute illness with or without fever; history of Guillain-Barré syndrome within 6 weeks of a previous influenza vaccination
3. Provide all patients (or, in the case of a minor, their parent or legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). Document in the patient's medical record or office log, the VIS publication date and the date it was given to the patient (parent/legal representative). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred; these can be found at www.immunize.org/vis.
4. Follow the Center for Disease Control's recommendations for vaccine dosage, administration and storage:
 - Multidose vials contain a small amount of thimerosal as a preservative. Preservative-free vaccines are single dose. Vaccines must be stored in a refrigerator at temperatures between 35°F-46°F (2°C-8°C) and should not be frozen. Adults should be vaccinated in the deltoid muscle using a 22-25g, 1- 1½ inch needle. An adult dose is 0.5 ml. IM.
 - A ½ inch needle may be used for adults weighing less than 130 lbs (<60 kg) for the injection in the deltoid muscle only if the skin is stretched tight, subcutaneous tissue is not bunched, and the injection is made at a 90 degree angle.
5. Document each inmate's vaccine administration information and follow up in the following places:
 - a. Health Record: record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine.
 - b. Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.

This standing order shall remain in effect for all patients of the Northeast Correctional Complex
(Facility)
until rescinded or until 4-3-17
(Date)

Facility Medical Director's signature: [Signature] Effective Date: 10-3-16
Clement Bernard, MD, NECX

2016-2017 TDOC Influenza Preparedness Plan
Revised: August 2016

OCT 03 2016

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TENNESSEE DEPARTMENT OF CORRECTION
HEALTH QUESTIONNAIRE

INMATE NAME: Pleasant-bay, Boaz TDOC NUMBER 473110 DOB _____
RECEIVING INSTITUTION: NECX DATE: 9/28/16 TIME: _____ a.m./p.m.
INITIAL INTAKE: _____ TEMPORARY TRANSFER: _____ PERMANENT TRANSFER: ☒

INQUIRE:

1. Have you ever had a positive TB test? ☐ Yes ☒ No If yes, describe N/A
2. Are you being treated for any illness or health problem (including dental, venereal disease, or other infectious diseases)?
☐ Yes ☒ No If yes, describe: N/A
3. Do you have any physical, mental or dental complaints at this time? ☐ Yes ☒ No
If yes, describe: N/A
4. Are you currently taking any medication(s)? ☐ Yes ☒ No
If yes, was the medication transferred with the inmate? ☐ Yes ☒ No
If yes, describe (what used, how much, how often, date of last use, and any problems)
N/A
5. Have you recently or in the past, used alcohol or other drugs, including prescription drugs? ☒ Yes ☐ No
6. Have you ever been hospitalized for using alcohol or other drugs, including prescription drugs? ☐ Yes ☒ No
If yes, when? N/A
7. Do you have any allergies? ☐ Yes ☒ No If yes, describe: N/A
8. (For women)
a) LMP ☐ b) Are you pregnant? ☐ Yes ☐ No Number of months _____
c) Have you recently delivered? ☐ Yes ☐ No Date: N/A
d) Are you on birth control pills? ☐ Yes ☐ No
e) Any gynecological problems?
9. Screening for MRSA Infections:
a) Do you have any lesions, sores or insect bites? ☐ Yes ☒ No
If so, do you have any open/draining lesions, sores, or insect bites? ☐ Yes ☒ No
If yes, where are these lesions? N/A

OBSERVE:

1. Behavior (including state of awareness, mental status, appearance, conduct, tremor and sweating):
☒ Normal ☐ Abnormal If abnormal, describe: N/A
2. Skin Assessment (including needle marks, trauma markings, bruises, lesions, jaundice, rashes, tattoos, and infestation(s))
☒ Yes ☒ No
If yes, describe: N/A
3. Is there evidence of Abuse or Trauma? ☐ Yes ☒ No



TENNESSEE DEPARTMENT OF CORRECTION
HEALTH QUESTIONNAIRE

INMATE NAME: Pleasant-Bay Boaz TDOC NUMBER: 473110 DOB: 4-18-83
RECEIVING INSTITUTION: MOCK DATE: 9 20 10 TIME: 3 am
INITIAL INTAKE: _____ TEMPORARY TRANSFER: _____ PERMANENT TRANSFER: X

INQUIRE:

1. Have you ever had a positive TB test? ☐ Yes ☒ No If yes, describe _____
2. Are you being treated for any illness or health problem (including dental, venereal disease, or other infectious diseases)?
☐ Yes ☒ No If yes, describe: _____
3. Do you have any physical, mental or dental complaints at this time? ☐ Yes ☒ No
If yes, describe: _____
4. Are you currently taking any medication(s)? ☐ Yes ☒ No
If yes, was the medication transferred with the inmate? ☐ Yes ☒ No
If yes, describe (what used, how much, how often, date of last use, and any problems) _____
5. Have you recently or in the past, used alcohol or other drugs, including prescription drugs? ☒ Yes ☐ No
6. Have you ever been hospitalized for using alcohol or other drugs, including prescription drugs? ☐ Yes ☒ No
If yes, when? _____
7. Do you have any allergies? ☐ Yes ☒ No If yes, describe: _____
8. (For women)
 - a) LMP _____ b) Are you pregnant? ☐ Yes ☐ No Number of months _____
 - c) Have you recently delivered? ☐ Yes ☐ No Date: _____
 - d) Are you on birth control pills? ☐ Yes ☐ No
 - e) Any gynecological problems? ☐ Yes ☐ No
9. Screening for MRSA Infections:
 - a) Do you have any lesions, sores or insect bites? ☐ Yes ☒ No
If so, do you have any open/drainning lesions, sores, or insect bites? ☐ Yes ☒ No
If yes, where are these lesions? _____

OBSERVE:

1. Behavior (including state of awareness, mental status, appearance, conduct, tremor and sweating):
☒ Normal ☐ Abnormal If abnormal, describe: _____
2. Skin Assessment (including needle marks, trauma markings, bruises, lesions, jaundice, rashes, tattoos, and infestation(s))
☐ Yes ☒ No
If yes, describe: _____
3. Is there evidence of Abuse or Trauma? ☐ Yes ☒ No



THE TENNESSEE DEPARTMENT OF CORRECTION
HEALTH SERVICES
TRANSFER / DISCHARGE HEALTH SUMMARY

Name of Inmate: Pleasant-Bey, Barry TDOC # 0573110 DOB: 6/18/83

Current Institution: WTSP Transfer Date: 9/26/16

Receiving Institution (if applicable): NECK/MCCX

Reason for Transfer/Discharge: CRIN

Requires Chronic Illness Monitoring: ☒ yes ☐ no Last TB Screening/PPD: 6/11/16

Requires Mental Health/Psychiatric Monitoring: ☐ yes ☒ no Last Periodic Health Appraisal: 6/18/14

HEALTH HISTORY

Check (✓) all conditions present

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Depression | <input type="checkbox"/> Hemia | <input type="checkbox"/> Prosthesis (specify) _____ |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Suicide Attempt |
| <input type="checkbox"/> Cancer (specify) _____ | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Chemical Dependency | <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Venereal Disease |
| <input type="checkbox"/> COPD | | <input type="checkbox"/> Other (specify) _____ | |

— CURRENT PHYSICIAN/DENTIST MEDICATION ORDERS —

	Name of Drug	Strength/ Route	Frequency	Last Dose Date/Time	Medication Sent (✓)	Amounts	KOP
1.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
2.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
3.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
4.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
5.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
6.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
7.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
8.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N

Brief Summary of Current Health Problems:

SPECIAL INSTRUCTIONS (e.g., Allergies, Diet, Impairments, Medical Appointments, etc.):

NICA

Referred to Community Resources: ☐ Yes ☒ No Specify Below:

Report Prepared By: [Signature] Date: 9/26/16

Receiving Institution Review: [Signature] Date: 9/26/16



SEE DEPARTMENT OF CORRECT!
HEALTH QUESTIONNAIRE

INMATE NAME: Pleasant, Bey, B TDOC NUMBER 473110 DOB 6-18-83

RECEIVING INSTITUTION: WTSP-2 DATE: 9/19/16 TIME: 3 a.m./p.m. (p.m.)

INITIAL INTAKE: _____ TEMPORARY TRANSFER: ☒ PERMANENT TRANSFER: _____

INQUIRE:

1. Have you ever had a positive TB test? ☐ Yes ☒ No If yes, describe _____
2. Are you being treated for any illness or health problem (including dental, venereal disease, or other infectious diseases)?
☐ Yes ☒ No If yes, describe: _____
3. Do you have any physical, mental or dental complaints at this time? ☐ Yes ☒ No
If yes, describe: _____
4. Are you currently taking any medication(s)? ☐ Yes ☒ No
If yes, was the medication transferred with the inmate? ☐ Yes ☒ No
If yes, describe (what used, how much, how often, date of last use, and any problems) _____
5. Have you recently or in the past, used alcohol or other drugs, including prescription drugs? ☐ Yes ☒ No
6. Have you ever been hospitalized for using alcohol or other drugs, including prescription drugs? ☐ Yes ☒ No
If yes, when? _____
7. Do you have any allergies? ☐ Yes ☒ No If yes, describe: _____
8. (For women)
a) LMP ☐ b) Are you pregnant? ☐ Yes ☒ No Number of months _____
c) Have you recently delivered? ☐ Yes ☒ No Date: _____
d) Are you on birth control pills? ☐ Yes ☒ No
e) Any gynecological problems? _____
9. Screening for MRSA Infections:
a) Do you have any lesions, sores or insect bites? ☐ Yes ☒ No
If so, do you have any open/draining lesions, sores, or insect bites? ☐ Yes ☒ No
If yes, where are these lesions? _____

OBSERVE:

1. Behavior (including state of awareness, mental status, appearance, conduct, tremor and sweating):
☒ Normal ☐ Abnormal If abnormal, describe: _____
2. Skin Assessment (including needle marks, trauma markings, bruises, lesions, jaundice, rashes, tattoos, and infestatic)
☐ Yes ☒ No
If yes, describe: _____
3. Is there evidence of Abuse or Trauma? ☐ Yes ☒ No



TENNESSEE DEPARTMENT OF CORRECTION
HEALTH SERVICES
TRANSFER / DISCHARGE HEALTH SUMMARY

Name of Inmate: Pleasenthey, Boaz TDOC # 473110 DOB: 6-18-83
Last First Initial

Current Institution: NECX Transfer Date: 9-19-16

Receiving Institution (if applicable): WTSP

Reason for Transfer/Discharge: Court / temp

Requires Chronic Illness Monitoring: ☐ yes ☒ no Last TB Screening/PPD: 6-11-16 ⊖

Requires Mental Health/Psychiatric Monitoring: ☐ yes ☒ no Last Periodic Health Appraisal: 4-18-14

HEALTH HISTORY

Check (✓) all conditions present

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Depression | <input type="checkbox"/> Hernia | <input type="checkbox"/> Prosthesis (specify) _____ |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Suicide Attempt |
| <input type="checkbox"/> Cancer (specify) _____ | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Chemical Dependency | <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Venereal Disease |
| <input type="checkbox"/> COPD | | <input type="checkbox"/> Other (specify) _____ | |

— CURRENT PHYSICIAN/DENTIST MEDICATION ORDERS —

	Name of Drug	Strength/ Route	Frequency	Last Dose Date/Time	Medication Sent (✓)	Amounts	KOP
1.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
2.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
3.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
4.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
5.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
6.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
7.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
8.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N

Brief Summary of Current Health Problems:

SPECIAL INSTRUCTIONS (e.g., Allergies, Diet, Impairments, Medical Appointments, etc.):

NKDA

Referred to Community Resources: ☐ Yes ☒ No Specify Below:

Report Prepared By: Rebecca Bleumy Date: 9-18-14
Signature/Professional Title

Receiving Institution Review: Wanda Howard Date: 9-19-16
Signature/Professional Title



TENNESSEE DEPARTMENT OF CORRECTION
HEALTH QUESTIONNAIRE

14/38

INMATE NAME: Pleasant, Boaz TDOC NUMBER 473110 DOB 6/18/83
RECEIVING INSTITUTION: NECX DATE: 6/18/16 TIME: 2027 a.m./p.m. (p.m.)
INITIAL INTAKE: _____ TEMPORARY TRANSFER: _____ PERMANENT TRANSFER: ✓

INQUIRE:

1. Have you ever had a positive TB test? ☐ Yes ☒ No If yes, describe N/A
2. Are you being treated for any illness or health problem (including dental, venereal disease, or other infectious diseases)?
☐ Yes ☒ No If yes, describe: N/A
3. Do you have any physical, mental or dental complaints at this time? ☐ Yes ☒ No
If yes, describe: N/A
4. Are you currently taking any medication(s)? ☐ Yes ☒ No
If yes, was the medication transferred with the inmate? ☐ Yes ☒ No
If yes, describe (what used, how much, how often, date of last use, and any problems)
N/A
5. Have you recently or in the past, used alcohol or other drugs, including prescription drugs? ☐ Yes ☒ No
6. Have you ever been hospitalized for using alcohol or other drugs, including prescription drugs? ☐ Yes ☒ No
If yes, when? N/A
7. Do you have any allergies? ☒ Yes ☐ No If yes, describe: Seasonal
8. (For women)
a) LMP ☐ b) Are you pregnant? ☐ Yes ☒ No Number of months: _____
c) Have you recently delivered? ☐ Yes ☒ No Date: _____
d) Are you on birth control pills? ☐ Yes ☒ No
e) Any gynecological problems? _____
9. Screening for MRSA Infections:
a) Do you have any lesions, sores or insect bites? ☐ Yes ☒ No
If so, do you have any open/draining lesions, sores, or insect bites? ☐ Yes ☒ No
If yes, where are these lesions? N/A

OBSERVE:

1. Behavior (including state of awareness, mental status, appearance, conduct, tremor and sweating):
☒ Normal ☐ Abnormal If abnormal, describe: N/A
2. Skin Assessment (including needle marks, trauma markings, bruises, lesions, jaundice, rashes, tattoos, and infestation(s))
☐ Yes ☒ No
If yes, describe: N/A
3. Is there evidence of Abuse or Trauma? ☐ Yes ☒ No



THE TENNESSEE DEPARTMENT OF CORRECTION
HEALTH SERVICES
TRANSFER / DISCHARGE HEALTH SUMMARY

Name of Inmate: Pleasant Bay, Boaz TDOC # 473110 DOB: 6/18/83
Last First Initial

Current Institution: WTSP Transfer Date: 6/8/16

Receiving Institution (if applicable): NECX

Reason for Transfer/Discharge: Court return

Requires Chronic Illness Monitoring: ☐ yes ☒ no Last TB Screening/PPD: 6/11/15 Imm

Requires Mental Health/Psychiatric Monitoring: ☐ yes ☒ no Last Periodic Health Appraisal: 6/8/14

HEALTH HISTORY

Check (✓) all conditions present

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Depression | <input type="checkbox"/> Hernia | <input type="checkbox"/> Prosthesis (specify) _____ |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Suicide Attempt |
| <input type="checkbox"/> Cancer (specify) _____ | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Chemical Dependency | <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Venereal Disease |
| <input type="checkbox"/> COPD | | | <input type="checkbox"/> Other (specify) _____ |

— CURRENT PHYSICIAN/DENTIST MEDICATION ORDERS —

	Name of Drug	Strength/ Route	Frequency	Last Dose Date/Time	Medication Sent (✓)	Amounts	KOP
1.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
2.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
3.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
4.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
5.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
6.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
7.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
8.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N

Brief Summary of Current Health Problems:

SPECIAL INSTRUCTIONS (e.g., Allergies, Diet, Impairments, Medical Appointments, etc.):

NKDA

Referred to Community Resources: ☐ Yes ☒ No Specify Below:

Report Prepared By: [Signature] Date: 6/8/16
Signature/Professional Title

Receiving Institution Review: [Signature] Date: 6-8-16
Signature/Professional Title

NECX
6019



STATE DEPARTMENT OF CORRECTIONS
HEALTH QUESTIONNAIRE

INMATE NAME: Pleasant-bey, Boaz TDOC NUMBER: 473110 DOB: 6.18.83

RECEIVING INSTITUTION: WTSP DATE: 6.11.16 TIME: 3 a.m. ☒ p.m.

INITIAL INTAKE: _____ TEMPORARY TRANSFER: ☒ PERMANENT TRANSFER: _____

INQUIRE:

Tcr+

1. Have you ever had a positive TB test? ☐ Yes ☒ No If yes, describe _____

2. Are you being treated for any illness or health problem (including dental, venereal disease, or other infectious diseases)?

☒ Yes ☐ No

If yes, describe: claritin for sinus drainage

3. Do you have any physical, mental or dental complaints at this time? ☐ Yes ☒ No

If yes, describe: _____

4. Are you currently taking any medication(s)? ☒ Yes ☐ No

If yes, was the medication transferred with the inmate? ☐ Yes ☒ No

If yes, describe (what used, how much, how often, date of last use, and any problems) _____

5. Have you recently or in the past, used alcohol or other drugs, including prescription drugs? ☐ Yes ☒ No

6. Have you ever been hospitalized for using alcohol or other drugs, including prescription drugs? ☐ Yes ☒ No

If yes, when? _____

7. Do you have any allergies? ☐ Yes ☒ No If yes, describe: _____

8. (For women)

a) LMP ☐ b) Are you pregnant? ☐ Yes ☐ No Number of months _____

c) Have you recently delivered? ☐ Yes ☐ No Date: _____

d) Are you on birth control pills? ☐ Yes ☐ No

e) Any gynecological problems? _____

9. Screening for MRSA Infections:

a) Do you have any lesions, sores or insect bites? ☐ Yes ☒ No

If so, do you have any open/draining lesions, sores, or insect bites? ☐ Yes ☒ No

If yes, where are these lesions? _____

OBSERVE:

1. Behavior (including state of awareness, mental status, appearance, conduct, tremor and sweating):

☒ Normal ☐ Abnormal If abnormal, describe: _____

2. Skin Assessment (including needle marks, trauma markings, bruises, lesions, jaundice, rashes, tattoos, and infestation(s))

☐ Yes ☒ No

If yes, describe: _____

3. Is there evidence of Abuse or Trauma? ☐ Yes ☒ No



TENNESSEE DEPARTMENT OF CORRECTION
HEALTH SERVICES
TRANSFER / DISCHARGE HEALTH SUMMARY

Name of Inmate: Pleasant, Boy TDOC # 473110 DOB: 6-18-83
Last First Initial
Current Institution: NGU Transfer Date: 6-1-14
Receiving Institution (if applicable): WTSP
Reason for Transfer/Discharge: CRT/Temp
Requires Chronic Illness Monitoring: ☐ yes ☒ no Last TB Screening/PPD: 6-1-15 0mm
Requires Mental Health/Psychiatric Monitoring: ☐ yes ☒ no Last Periodic Health Appraisal: 6-18-14 A

HEALTH HISTORY

Check (✓) all conditions present

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Depression | <input type="checkbox"/> Hernia | <input type="checkbox"/> Prosthesis (specify) _____ |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Suicide Attempt |
| <input type="checkbox"/> Cancer (specify) _____ | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Chemical Dependency | <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Venereal Disease |
| <input type="checkbox"/> COPD | | <input type="checkbox"/> Other (specify) _____ | |

— CURRENT PHYSICIAN/DENTIST MEDICATION ORDERS —

	Name of Drug	Strength/ Route	Frequency	Last Dose Date/Time	Medication Sent (✓)	Amounts	KOP
1.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
2.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
3.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
4.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
5.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
6.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
7.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
8.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N

Brief Summary of Current Health Problems: LOC I

SPECIAL INSTRUCTIONS (e.g., Allergies, Diet, Impairments, Medical Appointments, etc.):
NKDA

Referred to Community Resources: ☐ Yes ☒ No Specify Below:

Report Prepared By: Swann Coxson Date: 5-31-14
Signature/Professional Title
Receiving Institution Review: Servie Chennaboina Date: 6/1/14
Signature/Professional Title



STATE DEPARTMENT OF CORRECTIONS
HEALTH QUESTIONNAIRE

INMATE NAME: Pleasant, Ray, BOAZ TDOC NUMBER 473110 DOB 6/18/83
RECEIVING INSTITUTION: Wtsp DATE: 6/10/16 TIME: 3 am/p.m.
INITIAL INTAKE: _____ TEMPORARY TRANSFER: _____ PERMANENT TRANSFER: _____

INQUIRE:

1. Have you ever had a positive TB test? ☐ Yes ☒ No If yes, describe _____
2. Are you being treated for any illness or health problem (including dental, venereal disease, or other infectious diseases)?
☐ Yes ☒ No If yes, describe: _____
3. Do you have any physical, mental or dental complaints at this time? ☐ Yes ☒ No
If yes, describe: sinus
4. Are you currently taking any medication(s)? ☐ Yes ☒ No
If yes, was the medication transferred with the inmate? ☐ Yes ☒ No
If yes, describe (what used, how much, how often, date of last use, and any problems) _____
5. Have you recently or in the past, used alcohol or other drugs, including prescription drugs? ☐ Yes ☒ No
6. Have you ever been hospitalized for using alcohol or other drugs, including prescription drugs? ☐ Yes ☒ No
If yes, when? _____
7. Do you have any allergies? ☐ Yes ☒ No If yes, describe: _____
8. (For women)
a) LMP ☐ b) Are you pregnant? ☐ Yes ☐ No Number of months _____
c) Have you recently delivered? ☐ Yes ☐ No Date: _____
d) Are you on birth control pills? ☐ Yes ☐ No
e) Any gynecological problems? _____
9. Screening for MRSA Infections:
a) Do you have any lesions, sores or insect bites? ☐ Yes ☒ No
If so, do you have any open/drainning lesions, sores, or insect bites? ☐ Yes ☒ No
If yes, where are these lesions? _____

OBSERVE:

1. Behavior (including state of awareness, mental status, appearance, conduct, tremor and sweating):
☒ Normal ☐ Abnormal If abnormal, describe: _____
2. Skin Assessment (including needle marks, trauma markings, bruises, lesions, jaundice, rashes, tattoos, and infestation(s))
☐ Yes ☒ No
If yes, describe: _____
3. Is there evidence of Abuse or Trauma? ☐ Yes ☒ No



TENNESSEE DEPARTMENT OF CORRECTION
HEALTH QUESTIONNAIRE

INMATE NAME: Pleasant, Boaz TDOC NUMBER 473110 DOB 6/18/83
RECEIVING INSTITUTION: NECX DATE: 11 20 15 TIME: 1200 a.m./p.m. (C)
INITIAL INTAKE: _____ TEMPORARY TRANSFER: _____ PERMANENT TRANSFER: ✓

INQUIRE:

1. Have you ever had a positive TB test? ☐ Yes ☒ No If yes, describe N/A
2. Are you being treated for any illness or health problem (including dental, venereal disease, or other infectious diseases)?
☐ Yes ☒ No If yes, describe: N/A
3. Do you have any physical, mental or dental complaints at this time? ☐ Yes ☒ No
If yes, describe: N/A
4. Are you currently taking any medication(s)? ☐ Yes ☒ No
If yes, was the medication transferred with the inmate? ☐ Yes ☒ No
If yes, describe (what used, how much, how often, date of last use, and any problems)
N/A
5. Have you recently or in the past, used alcohol or other drugs, including prescription drugs? ☐ Yes ☒ No
6. Have you ever been hospitalized for using alcohol or other drugs, including prescription drugs? ☐ Yes ☒ No
If yes, when? N/A
7. Do you have any allergies? ☐ Yes ☒ No If yes, describe: N/A
8. ~~(For women)~~
~~a) LMP ☐ b) Are you pregnant? ☐ Yes ☐ No Number of months _____~~
~~c) Have you recently delivered? ☐ Yes ☐ No Date: _____~~
~~d) Are you on birth control pills? ☐ Yes ☐ No~~
~~e) Any gynecological problems?~~
9. Screening for MRSA Infections:
a) Do you have any lesions, sores or insect bites? ☐ Yes ☒ No
If so, do you have any open/draining lesions, sores, or insect bites? ☐ Yes ☒ No
If yes, where are these lesions? N/A

OBSERVE:

1. Behavior (including state of awareness, mental status, appearance, conduct, tremor and sweating):
☒ Normal ☐ Abnormal If abnormal, describe: (Circled X)
2. Skin Assessment (including needle marks, trauma markings, bruises, lesions, jaundice, rashes, tattoos, and infestation(s))
☐ Yes ☒ No
If yes, describe: (Circled X)
3. Is there evidence of Abuse or Trauma? ☐ Yes ☒ No



TRANSFER / DISCHARGE HEALTH SUMMARY

Name of Inmate: Pleasant Bey Boaz TDOC # 473110 DOB: 6-18-83
Last First Initial

Current Institution: MCCX Transfer Date: 11-20-15

Receiving Institution (if applicable): NECX

Reason for Transfer/Discharge: crn

Requires Chronic Illness Monitoring: ☒ yes ☐ no Last TB Screening/PPD: 6-11-15

Requires Mental Health/Psychiatric Monitoring: ☐ yes ☒ no Last Periodic Health Appraisal: 6-18-14

HEALTH HISTORY

Check (✓) all conditions present

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Depression | <input type="checkbox"/> Hernia | <input type="checkbox"/> Prosthesis (specify) _____ |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Suicide Attempt |
| <input type="checkbox"/> Cancer (specify) _____ | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Chemical Dependency | <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Venereal Disease |
| <input type="checkbox"/> COPD | | <input type="checkbox"/> Other (specify) _____ | |

--- CURRENT PHYSICIAN/DENTIST MEDICATION ORDERS ---

	Name of Drug	Strength/ Route	Frequency	Last Dose Date/Time	Medication Sent (✓)	Amounts	KOP
1.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
2.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
3.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
4.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
5.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
6.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
7.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
8.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N

Brief Summary of Current Health Problems:

allergic sinusitis

SPECIAL INSTRUCTIONS (e.g., Allergies, Diet, Impairments, Medical Appointments, etc.):

NKDA

Referred to Community Resources: ☐ Yes ☒ No Specify Below:

Report Prepared By: R. Block LPN Date: 11-19-15
Signature/Professional Title

Receiving Institution Review: Amy Brown RN Date: 11/20/15
Signature/Professional Title



TENNESSEE DEPARTMENT OF CORRECTION
HEALTH QUESTIONNAIRE

INMATE NAME: Pleasant - Bey, Boaz TDOC NUMBER 473110 DOB 6/18/83
RECEIVING INSTITUTION: MCCX DATE: 11 18, 15 TIME: 16:30 a.m./p.m.
INITIAL INTAKE: _____ TEMPORARY TRANSFER: X PERMANENT TRANSFER: _____

INQUIRE:

1. Have you ever had a positive TB test? ☐ Yes ☒ No If yes, describe _____
2. Are you being treated for any illness or health problem (including dental, venereal disease, or other infectious diseases)?
☐ Yes ☒ No If yes, describe: _____
3. Do you have any physical, mental or dental complaints at this time? ☐ Yes ☒ No
If yes, describe: _____
4. Are you currently taking any medication(s)? ☐ Yes ☒ No
If yes, was the medication transferred with the inmate? ☐ Yes ☒ No
If yes, describe (what used, how much, how often, date of last use, and any problems) _____
5. Have you recently or in the past, used alcohol or other drugs, including prescription drugs? ☐ Yes ☒ No
6. Have you ever been hospitalized for using alcohol or other drugs, including prescription drugs? ☐ Yes ☒ No
If yes, when? _____
7. Do you have any allergies? ☐ Yes ☒ No If yes, describe: _____
8. (For women)
a) LMP _____ b) Are you pregnant? ☐ Yes ☒ No Number of months _____
c) Have you recently delivered? ☐ Yes ☒ No Date: _____
d) Are you on birth control pills? ☐ Yes ☒ No
e) Any gynecological problems? ☐ Yes ☒ No
9. Screening for MRSA Infections:
a) Do you have any lesions, sores or insect bites? ☐ Yes ☒ No
If so, do you have any open/draining lesions, sores, or insect bites? ☐ Yes ☒ No
If yes, where are these lesions? _____

OBSERVE:

1. Behavior (including state of awareness, mental status, appearance, conduct, tremor and sweating):
☒ Normal ☐ Abnormal If abnormal, describe: _____
2. Skin Assessment (including needle marks, trauma markings, bruises, lesions, jaundice, rashes, tattoos, and infestation(s))
☐ Yes ☒ No
If yes, describe: _____
3. Is there evidence of Abuse or Trauma? ☐ Yes ☒ No



7 JESSEE DEPARTMENT OF CORRECTI
HEALTH SERVICES.
TRANSFER / DISCHARGE HEALTH SUMMARY

Name of Inmate: Pleasant-Bey, Boaz TDOC # 473110 DOB: 6/18/83
Last First Initial

Current Institution: WTSP Transfer Date: 11/18/15

Receiving Institution (if applicable): MCCX/NECX

Reason for Transfer/Discharge: Court return

Requires Chronic Illness Monitoring: ☒ yes ☐ no Last TB Screening/PPD: 6/11/15 Qmm

Requires Mental Health/Psychiatric Monitoring: ☐ yes ☒ no Last Periodic Health Appraisal: 6/18/14

HEALTH HISTORY

Check (✓) all conditions present

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Depression | <input type="checkbox"/> Hernia | <input type="checkbox"/> Prosthesis (specify) _____ |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Suicide Attempt |
| <input type="checkbox"/> Cancer (specify) _____ | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Chemical Dependency | <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Venereal Disease |
| <input type="checkbox"/> COPD | | | <input checked="" type="checkbox"/> Other (specify) <u>Allergic Sinusitis</u> |

--- CURRENT PHYSICIAN/DENTIST MEDICATION ORDERS ---

	Name of Drug	Strength/ Route	Frequency	Last Dose Date/Time	Medication Sent (✓)	Amounts	KOP
1.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
2.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
3.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
4.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
5.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
6.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
7.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
8.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N

Brief Summary of Current Health Problems:

SPECIAL INSTRUCTIONS (e.g., Allergies, Diet, Impairments, Medical Appointments, etc.):

NKDA

Referred to Community Resources: ☐ Yes ☒ No Specify Below:

Report Prepared By: [Signature] Date: 11/18/15
Signature/Professional Title

Receiving Institution Review: [Signature] Date: 11/18/15
Signature/Professional Title

NECX
3A23



ILLINOIS DEPARTMENT OF CORRECTIONS
HEALTH QUESTIONNAIRE

INMATE NAME:

Plesant-beg, Boaz

TDOC NUMBER

473110

DOB

6-18-83

RECEIVING INSTITUTION:

WTSP

DATE:

11/10/15

TIME:

4:00

a.m./p.m.

INITIAL INTAKE:

TEMPORARY TRANSFER:

☒

PERMANENT TRANSFER:

INQUIRE:

Tcrt

1. Have you ever had a positive TB test? ☐ Yes ☒ No If yes, describe _____
2. Are you being treated for any illness or health problem (including dental, venereal disease, or other infectious diseases)?
☐ Yes ☒ No If yes, describe: _____
3. Do you have any physical, mental or dental complaints at this time? ☐ Yes ☒ No
If yes, describe: _____
4. Are you currently taking any medication(s)? ☐ Yes ☒ No
If yes, was the medication transferred with the inmate? ☐ Yes ☒ No
If yes, describe (what used, how much, how often, date of last use, and any problems) _____
5. Have you recently or in the past, used alcohol or other drugs, including prescription drugs? ☐ Yes ☒ No
6. Have you ever been hospitalized for using alcohol or other drugs, including prescription drugs? ☐ Yes ☒ No
If yes, when? _____
7. Do you have any allergies? ☒ Yes ☐ No If yes, describe: Pollen
8. (For women)
 - a) LMP ☐
 - b) Are you pregnant? ☒ Yes ☐ No Number of months _____
 - c) Have you recently delivered? ☐ Yes ☐ No Date: _____
 - d) Are you on birth control pills? ☐ Yes ☐ No
 - e) Any gynecological problems?
9. Screening for MRSA Infections:
 - a) Do you have any lesions, sores or insect bites? ☐ Yes ☒ No
If so, do you have any open/draining lesions, sores, or insect bites? ☐ Yes ☒ No
If yes, where are these lesions? _____

OBSERVE:

1. Behavior (including state of awareness, mental status, appearance, conduct, tremor and sweating):
☒ Normal ☐ Abnormal If abnormal, describe: _____
2. Skin Assessment (including needle marks, trauma markings, bruises, lesions, jaundice, rashes, tattoos, and infestation(s))
☐ Yes ☒ No
If yes, describe: _____
3. Is there evidence of Abuse or Trauma? ☐ Yes ☒ No



TENNESSEE DEPARTMENT OF CORRECTIONS
HEALTH SERVICES
TRANSFER / DISCHARGE HEALTH SUMMARY

Name of Inmate: Pleasant Bey Boaz TDOC # 473110 DOB: 6-18-83
Last First Initial

Current Institution: NEA Transfer Date: 11-10-15

Receiving Institution (if applicable): LOTSP

Reason for Transfer/Discharge: Crit-temp

Requires Chronic Illness Monitoring: ☐ yes ☒ no Last TB Screening/PPD: 6-11-15 0mm

Requires Mental Health/Psychiatric Monitoring: ☐ yes ☒ no Last Periodic Health Appraisal: 6-18-14 A

HEALTH HISTORY

Check (✓) all conditions present

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Depression | <input type="checkbox"/> Hernia | <input type="checkbox"/> Prosthesis (specify) _____ |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Suicide Attempt |
| <input type="checkbox"/> Cancer (specify) _____ | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Chemical Dependency | <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Venereal Disease |
| <input type="checkbox"/> COPD | | <input type="checkbox"/> Other (specify) | <u>Allergic Sinusitis</u> |

— CURRENT PHYSICIAN/DENTIST MEDICATION ORDERS —

	Name of Drug	Strength/ Route	Frequency	Last Dose Date/Time	Medication Sent (✓)	Amounts	KOP
1.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
2.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
3.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
4.	<u>Med</u>				Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
5.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
6.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
7.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
8.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N

Brief Summary of Current Health Problems: Allergic Sinusitis

SPECIAL INSTRUCTIONS (e.g., Allergies, Diet, Impairments, Medical Appointments, etc.):

NKPA

Referred to Community Resources: ☐ Yes ☒ No Specify Below:

Report Prepared By: Wendy Beier Date: 11-9-15
Signature/Professional Title

Receiving Institution Review: Wanda Howard Date: 11-10-15
Signature/Professional Title



TENNESSEE DEPARTMENT OF CORRECTION
CONSENT / REFUSAL OF INFLUENZA VACCINE

NECX
INSTITUTION

Name:

Pleasant Bey Boaz
Last First Middle

TOMIS#:

473110

Date of Birth:

6/18/83

☐ I agree to receive the influenza vaccination at the Tennessee Department of Correction.

I have received the Vaccine Information Sheet (VIS) from the nurse administering the vaccine and had the opportunity to ask questions. I attest that I am not allergic to eggs and have not experienced serious side effects in the past after receiving the Influenza Vaccine (if allergic to eggs or has experienced serious side effects refer to physician before administering the vaccine). I understand the possible side effects of this vaccine. I understand that I may experience mild side effects symptoms such as soreness/redness at the injection site. I agree that if I experience any of the listed mild, moderate or severe side effects from this vaccine as explained to me, I will seek immediate medical attention from the clinical service staff as soon as possible.

Date:

Time:

(Signature of Patient)

Witness:

Professional Title

Date

☒ I refuse to receive the Influenza vaccine

I understand that if I do not receive the vaccine, the consequences may include increased risk of: getting sick from the illness the vaccine could prevent; spreading the disease to others, who could become ill, be hospitalized, or die as a result; being hospitalized for heart disease, stroke, and pneumonia. I also acknowledge that the Influenza vaccine will be made available to me in the future by utilizing the institution's sick call procedure.

Date:

Time:

(Signature of Patient)

Witness:

Professional Title

Date

Witness:

Professional Title

Date



TENNESSEE DEPARTMENT OF CORRECTION
HEALTH QUESTIONNAIRE

unit 11

INMATE NAME: Pleasant-Bey, Boaz

TDOC NUMBER 473110 DOB 6-18-83

RECEIVING INSTITUTION: NECK

DATE: 6/10/15 TIME: 1310 a.m. ☒ p.m.

INITIAL INTAKE: _____ TEMPORARY TRANSFER: _____ PERMANENT TRANSFER: ☒

INQUIRE:

1. Have you ever had a positive TB test? ☐ Yes ☒ No If yes, describe N/A
2. Are you being treated for any illness or health problem (including dental, venereal disease, or other infectious diseases)?
☒ Yes ☐ No If yes, describe: Sinus
3. Do you have any physical, mental or dental complaints at this time? ☐ Yes ☒ No
If yes, describe: N/A
4. Are you currently taking any medication(s)? ☐ Yes ☒ No
If yes, was the medication transferred with the inmate? ☐ Yes ☒ No
If yes, describe (what used, how much, how often, date of last use, and any problems)
N/A
5. Have you recently or in the past, used alcohol or other drugs, including prescription drugs? ☐ Yes ☒ No
6. Have you ever been hospitalized for using alcohol or other drugs, including prescription drugs? ☐ Yes ☒ No
If yes, when? N/A
7. Do you have any allergies? ☒ Yes ☐ No If yes, describe: Seasonal
8. (For women)
a) LMP ☐ b) Are you pregnant? ☐ Yes ☐ No Number of months _____
c) Have you recently delivered? ☐ Yes ☐ No Date: _____
d) Are you on birth control pills? ☐ Yes ☐ No
e) Any gynecological problems?
9. Screening for MRSA Infections:
a) Do you have any lesions, sores or insect bites? ☐ Yes ☒ No
If so, do you have any open/drainage lesions, sores, or insect bites? ☒ Yes ☐ No
If yes, where are these lesions? N/A

OBSERVE:

1. Behavior (including state of awareness, mental status, appearance, conduct, tremor and sweating):
☒ Normal ☐ Abnormal If abnormal, describe: N/A
2. Skin Assessment (including needle marks, trauma markings, bruises, lesions, jaundice, rashes, tattoos, and infestation(s))
☐ Yes ☒ No
If yes, describe: N/A
3. Is there evidence of Abuse or Trauma? ☐ Yes ☒ No



ALABAMA DEPARTMENT OF CORRECT
HEALTH SERVICES
TRANSFER / DISCHARGE HEALTH SUMMARY

Name of Inmate: Pleasant-Bay Braz TDOC # 473110 DOB: 6-18-83
Last First Initial
Current Institution: WTSP Transfer Date: 6/8/15
Receiving Institution (if applicable): MCCX/NECX
Reason for Transfer/Discharge: Court return
Requires Chronic Illness Monitoring: ☐ yes ☒ no Last TB Screening/PPD: 6/2/14 Pmm
Requires Mental Health/Psychiatric Monitoring: ☐ yes ☒ no Last Periodic Health Appraisal: 6/18/14

HEALTH HISTORY

Check (✓) all conditions present

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Depression | <input type="checkbox"/> Hernia | <input type="checkbox"/> Prosthesis (specify) _____ |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Suicide Attempt |
| <input type="checkbox"/> Cancer (specify) _____ | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Chemical Dependency | <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Venereal Disease |
| <input type="checkbox"/> COPD | | <input type="checkbox"/> Other (specify) _____ | |

— CURRENT PHYSICIAN/DENTIST MEDICATION ORDERS —

	Name of Drug	Strength/ Route	Frequency	Last Dose Date/Time	Medication Sent (✓)	Amounts	KOP
1.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
2.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
3.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
4.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
5.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
6.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
7.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
8.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N

Brief Summary of Current Health Problems:

SPECIAL INSTRUCTIONS (e.g., Allergies, Diet, Impairments, Medical Appointments, etc.): UKDA
PPd due now

Referred to Community Resources: ☐ Yes ☐ No Specify Below:

Report Prepared By: Miko Parker Date: 6/8/15
Signature/Professional Title
Receiving Institution Review: Regina Wellman Date: 6/10/15
Signature/Professional Title



TENNESSEE DEPARTMENT OF CORRECTIONS
HEALTH QUESTIONNAIRE

22c/208

INMATE NAME: Plesant-bey, Boaz TDOC NUMBER 473110 DOB 6-18-83
RECEIVING INSTITUTION: MCCY DATE: 6/8/15 TIME: 430 a.m./p.m.
INITIAL INTAKE: _____ TEMPORARY TRANSFER: X PERMANENT TRANSFER: _____

INQUIRE:

1. Have you ever had a positive TB test? ☐ Yes ☒ No If yes, describe _____
2. Are you being treated for any illness or health problem (including dental, venereal disease, or other infectious diseases)?
☒ Yes ☐ No If yes, describe: Sinus/claritin
3. Do you have any physical, mental or dental complaints at this time? ☐ Yes ☒ No
If yes, describe: _____
4. Are you currently taking any medication(s)? ☒ Yes ☐ No Claritin
If yes, was the medication transferred with the inmate? ☐ Yes ☐ No
If yes, describe (what used, how much, how often, date of last use, and any problems) _____
5. Have you recently or in the past, used alcohol or other drugs, including prescription drugs? ☐ Yes ☒ No
6. Have you ever been hospitalized for using alcohol or other drugs, including prescription drugs? ☐ Yes ☒ No
If yes, when? _____
7. Do you have any allergies? ☒ Yes ☐ No If yes, describe: Seasonal / Pollen
8. (For women)
a) LMP _____ b) Are you pregnant? ☐ Yes ☐ No Number of months _____
c) Have you recently delivered? ☐ Yes ☐ No Date: _____
d) Are you on birth control pills? ☐ Yes ☐ No
e) Any gynecological problems? ☐ Yes ☐ No
9. Screening for MRSA Infections:
a) Do you have any lesions, sores or insect bites? ☐ Yes ☒ No
If so, do you have any open/drainage lesions, sores, or insect bites? ☐ Yes ☒ No
If yes, where are these lesions? _____

OBSERVE:

1. Behavior (including state of awareness, mental status, appearance, conduct, tremor and sweating):
☒ Normal ☐ Abnormal If abnormal, describe: _____
2. Skin Assessment (including needle marks, trauma markings, bruises, lesions, jaundice, rashes, tattoos, and infestation(s))
☐ Yes ☒ No
If yes, describe: _____
3. Is there evidence of Abuse or Trauma? ☐ Yes ☒ No



TENNESSEE DEPARTMENT OF CORRECTION
HEALTH QUESTIONNAIRE

INMATE NAME: BOAZ Pleasant-Bey DOC NUMBER 473 110 DOB 6/18/83
RECEIVING INSTITUTION: WSP 4 DATE: 5/13/15 TIME: _____ a.m./p.m.
INITIAL INTAKE: _____ TEMPORARY TRANSFER: _____ PERMANENT TRANSFER: _____

INQUIRE:

1. Have you ever had a positive TB test? ☐ Yes ☒ No If yes, describe _____
2. Are you being treated for any illness or health problem (including dental, venereal disease, or other infectious diseases)?
☐ Yes ☐ No If yes, describe: _____
3. Do you have any physical, mental or dental complaints at this time? ☐ Yes ☒ No
If yes, describe: _____
4. Are you currently taking any medication(s)? ☐ Yes ☒ No
If yes, was the medication transferred with the inmate? ☐ Yes ☒ No
If yes, describe (what used, how much, how often, date of last use, and any problems) _____
5. Have you recently or in the past, used alcohol or other drugs, including prescription drugs? ☐ Yes ☒ No
6. Have you ever been hospitalized for using alcohol or other drugs, including prescription drugs? ☐ Yes ☒ No
If yes, when? _____
7. Do you have any allergies? ☒ Yes ☐ No If yes, describe: Pollen
8. (For women)
a) LMP _____ b) Are you pregnant? ☐ Yes ☒ No Number of months _____
c) Have you recently delivered? ☐ Yes ☒ No Date: _____
d) Are you on birth control pills? ☐ Yes ☒ No
e) Any gynecological problems? ☐ Yes ☒ No
9. Screening for MRSA Infections:
a) Do you have any lesions, sores or insect bites? ☐ Yes ☒ No
If so, do you have any open/draining lesions, sores, or insect bites? ☐ Yes ☒ No
If yes, where are these lesions? _____

OBSERVE:

1. Behavior (including state of awareness, mental status, appearance, conduct, tremor and sweating):
☒ Normal ☐ Abnormal If abnormal, describe: _____
2. Skin Assessment (including needle marks, trauma markings, bruises, lesions, jaundice, rashes, tattoos, and infestation(s))
☐ Yes ☒ No
If yes, describe: _____
3. Is there evidence of Abuse or Trauma? ☐ Yes ☒ No



TENNESSEE DEPARTMENT OF CORRECT
HEALTH SERVICES
TRANSFER / DISCHARGE HEALTH SUMMARY

Name of Inmate: Pleasant-Bey, Boaz TDOC # 473110 DOB: 6-18-83
Last First Initial
Current Institution: NELT Transfer Date: 5-13-15
Receiving Institution (if applicable): WTSP
Reason for Transfer/Discharge: CLT/Temp
Requires Chronic Illness Monitoring: ☐ yes ☒ no Last TB Screening/PPD: 6-4-14 dimm
Requires Mental Health/Psychiatric Monitoring: ☐ yes ☒ no Last Periodic Health Appraisal: 6-18-14 class A

HEALTH HISTORY

Check (✓) all conditions present

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Depression | <input type="checkbox"/> Hernia | <input type="checkbox"/> Prosthesis (specify) _____ |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Suicide Attempt |
| <input type="checkbox"/> Cancer (specify) _____ | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Chemical Dependency | <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Venereal Disease |
| <input type="checkbox"/> COPD | | <input type="checkbox"/> Other (specify) _____ | |

— CURRENT PHYSICIAN/DENTIST MEDICATION ORDERS —

	Name of Drug	Strength/ Route	Frequency	Last Dose Date/Time	Medication Sent (✓)	Amounts	KOP
1.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
2.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
3.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
4.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
5.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
6.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
7.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
8.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N

Brief Summary of Current Health Problems: Allergic Sinusitis, Lbc I

SPECIAL INSTRUCTIONS (e.g., Allergies, Diet, Impairments, Medical Appointments, etc.) :

NKPA

Referred to Community Resources: ☐ Yes ☒ No Specify Below:

Report Prepared By: Suann Cogges UPN Date: 5-12-15
Signature/Professional Title

Receiving Institution Review: _____ Date: _____
Signature/Professional Title



TENNESSEE DEPARTMENT OF CORRECTION
ACCIDENT / INCIDENT / TRAUMATIC INJURY REPORT

neey

INSTITUTION

Name: Pleasant-bey Boaz Number: 473110 Date of Birth: 6-18-83
Last First Middle

☐ Employee ☒ Inmate ☐ Visitor ☐ Other

Location (of occurrence) unit 12 Date (of occurrence) 3/23/15 Time (of occurrence) 0825

Type of Injury / Incident: ☐ Work-related ☐ Sports ☐ Violence
☐ Use of Force ☒ Other:

Weapon, Property, Equipment, Machinery Involvement (Specify):

Subject's Version (how situation occurred): code 4 c/o weak + "fell out"

X
Signature of Subject

Witness' Version:

Signature of Witness

Health Service Provider's Report

Subjective: Responded to code 4 unit 12 1/m "fell out"
c/o weakness

Objective: 1/m diaphoretic, weak, skin very diaphoretic, denies
any pain vs: 99/7, 68, 18, 112/63 O₂ sat 98%

Assessment: Alteration in comfort

Plan: Brought to medical via w/c MD notified

3/23/15
Date of Treatment

0830
Time

James Bruckner
Signature of Health Service Provider

Disposition: ☒ Treated by Institutional Health Service Staff
☐ Transported to Community Facility for Outpatient Care:
☐ Transported to Community Hospital for Inpatient Care:
☐ Other, explain:

Facility

Hospital

Did death result? ☐ Yes ☒ No Relatives notified: ☐ Yes ☒ No



TENNESSEE DEPARTMENT OF CORRECTION

LIMITED ACTIVITY NOTICE

NECY
U-12
waxplant
mwp

INMATE NAME: Pleasant Bay Proaz TDOC NUMBER: 473110
Last First Middle

Please be advised that the above-named inmate is: (Specify)

- ☒ Confined to his/her living area except for: meals + meds
- ☒ Restricted from physical activity including participation in sports.
- ☐ Restricted to complete bed rest except for: —
- ☒ Unable to work a regularly scheduled assignment.
- ☐ Other: —

Length of restriction/limited activity: x3 days

Health problem: Medical

Special instructions: Revoke if non compliant

Authorized by: Dr. Bernard / Guis Buckner Date: 3/24/15



12/57

TENNESSEE DEPARTMENT OF CORRECTIONS
CONSENT / REFUSAL OF INFLUENZA VACCINE

NECX
INSTITUTION

Name: Pleasant Boaz I. TOMIS#: 473110 Date of Birth: 6/18/83
Last First Middle

☐ I agree to receive the influenza vaccination at the Tennessee Department of Correction.

I have received the Vaccine Information Sheet (VIS) from the nurse administering the vaccine and had the opportunity to ask questions. I attest that I am not allergic to eggs and have not experienced serious side effects in the past after receiving the Influenza Vaccine (if allergic to eggs or has experienced serious side effects refer to physician before administering the vaccine). I understand the possible side effects of this vaccine. I understand that I may experience mild side effects symptoms such as soreness/redness at the injection site. I agree that if I experience any of the listed mild, moderate or severe side effects from this vaccine as explained to me, I will seek immediate medical attention from the clinical service staff as soon as possible.

Date: _____ Time: _____ (Signature of Patient)

Witness: _____ Professional Title _____ Date _____

☒ I refuse to receive the Influenza vaccine

I understand that if I do not receive the vaccine, the consequences may include increased risk of: getting sick from the illness the vaccine could prevent; spreading the disease to others, who could become ill, be hospitalized, or die as a result; being hospitalized for heart disease, stroke, and pneumonia. I also acknowledge that the Influenza vaccine will be made available to me in the future by utilizing the institution's sick call procedure.

Date: 10/27/14 Time: 12:45 AM Boaz I. 23
(Signature of Patient) 10/27/14

Witness: [Signature] Professional Title _____ Date _____

Witness: Cheryl Rowe Professional Title Wn Date 10-27-14



**TENNESSEE DEPARTMENT OF CORRECTION
HEALTH SERVICES
REFUSAL OF MEDICAL SERVICES**

INSTITUTION NECX

Date 10/22 2013

Time 2:00 AM/PM

This is to certify that I Boaz Pleasant-Bey 473110
(Inmate's Name) (TDOC Number)
have been advised that I have been scheduled for the following medical services and/or have been advised to have
the following evaluations, treatment, or surgical/other procedures:

Flu Vaccine - increased risk of more severe illness, possible
infirmity or hospitalization with cardiac/respiratory complications,
death, exposing others to the virus.

I am refusing the above listed medical services against the advice of the attending physician and/or the Health Services staff. I acknowledge that I have been informed of the risks involved by my refusal and hereby release the State of Tennessee, Department of Correction, and their employees from all responsibility for any ill effects which may be experienced as a result of this refusal. I also acknowledge this medical service may not be made readily available to me in the future unless an attending physician certifies my medical problem as a medical emergency.

Signed: Boaz Pleasant-Bey 473110 10/22/13
(Inmate) (TDOC number) (Date)

Witness: Carl H. Hurd R.D. 10/22/13
(Signature) (Title) (Date)

Witness: Cj C/O 10-21-13
(Signature) (Title) (Date)

The above information has been read and explained to,

_____ but has refused to sign
(Inmate's Name) (TDOC number)
the form.

Witness: _____
(Signature) (Title) (Date)

Witness: _____
(Signature) (Title) (Date)

TDOC Mental Health / Suicide Screening Inventory

Whiteville Correctional Facility

Inmate Name:

Pleasant-Bey Bear

TDOC #:

473110

Suicide Risk Factors:

			Yes	No
1.	Has anyone in your family committed suicide?			X
2.	Have you ever thought about killing yourself?			X
3.	Have you ever attempted to kill yourself?		X	
3.a	How many times? _____ What method? _____			
3.b	When was the most recent attempt? _____			
3.c	Have you ever been hospitalized as a result of an attempt? _____			
3.d	When and where was this hospitalization? _____			
4.	Have you ever been diagnosed with Depression?		X	
5.	Have you ever been diagnosed with Major Depression?			X
6.	Do you have, or have you had, a Drug or Alcohol problem?			X
7.	Have you experienced a significant loss in the past year?		X	
8.	Do you NOT HAVE a supportive family?			X
Totals			3	

**** A Suicide Risk Factor Index score of over 3 is given a referral to Psychiatry / Psychology ****

II
Medium High Risk
3 to 5 Positive Factors
☐

III
High Suicide Risk
Over 5 Factors
☐

I
Low Suicide Risk
Under 3 Factors
☒

CR 3431 - Mental Health Services Referral Completed:

Yes ☐

No ☒

Notes:

Nurse:

Carmella Washington MD

Date:

6-10-13

Time:

3:30pm



TENNESSEE DEPARTMENT OF CORRECTION
HEALTH QUESTIONNAIRE

UNIT - 7

NAME: PLEASANT, BOAZ NUMBER 473110 DOB 6-18-83
Last First Middle

RECEIVING INSTITUTION: NECX DATE: 9/25/13 TIME: 1240 ^{a.m.}/_{p.m.}

INITIAL INTAKE: _____ TEMPORARY TRANSFER: _____ PERMANENT TRANSFER: ☒

INQUIRE INTO:

1. Have you ever had a positive TB test? ☐ Yes ☒ No If yes, describe _____

2. Are you being treated for any illness or health problem (including dental, venereal disease, or other infectious diseases)?

☒ Yes ☐ No If yes, describe: Allergies

3. Do you have any physical, mental or dental complaints at this time? ☒ Yes ☐ No

If yes, describe: 3 teeth need filling

4. Are you currently taking any medication(s)? ☒ Yes ☐ No clonidine

If yes, was the medication transferred with the inmate? ☒ Yes ☐ No (requires visual verification)

5. Have you recently or in the past, used alcohol or other drugs? ☐ Yes ☒ No

If yes, describe: (what used, how much, how often, date of last use, any problems) _____

6. Have you ever been hospitalized for using alcohol or other drugs? ☐ Yes ☒ No

If yes, When: _____

7. Do you have any allergies? ☒ Yes ☐ No If yes, describe: _____

Seasonal

8. (For women)

a) LMP ☐ b) Are you pregnant? ☐ Yes ☐ No Number of months _____

c) Have you recently delivered? ☐ Yes ☐ No Date: _____

d) Are you on birth control pills? ☐ Yes ☐ No e) Any gynecological problems? If yes describe: _____

Glasses - yes ☒ no / Hearing aid - yes ☒ no / Dentures - yes ☒ no

9. Screening for MRSA infections:

a) Do you have any lesions, sores or insect bites? ☐ Yes ☒ No

If so, do you have any open/drain lesions, sores, or insect bites? ☐ Yes ☒ No

If yes, where are these lesions? _____

OBSERVE:

1. Behavior (including state of awareness, mental status, appearance, conduct, tremor and sweating):

☒ Normal ☐ Abnormal If abnormal, describe: _____

2. Body deformities, condition of skin (including needle marks, trauma markings, bruises, lesions, jaundice, rashes, tattoos and infestations): ☐ Yes ☒ No

If yes, describe: _____

3. Evidence of Abuse and/or Trauma? ☐ Yes ☒ No



TENNESSEE DEPARTMENT OF CORRECTIONS
HEALTH SERVICES
TRANSFER / DISCHARGE HEALTH SUMMARY

Name of Inmate: Pleasant-bey Boaz TDOC #: 473110 DOB: 6-8-1983
Last: First: Initial:
Current Institution: WCFA Transfer Date: 9-24-13
Receiving Institution (if applicable): NECX
Reason for Transfer/Discharge: Court
Requires Chronic Illness Monitoring: ☐ yes ☒ no Last TB Screening/PPD: 6-20-13
Requires Mental Health/Psychiatric Monitoring: ☐ yes ☒ no Last Periodic Health Appraisal: _____

HEALTH HISTORY

Check (✓) all conditions present

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Depression | <input type="checkbox"/> Hernia | <input type="checkbox"/> Prosthesis (specify) _____ |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Suicide Attempt |
| <input type="checkbox"/> Cancer (specify) _____ | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Chemical Dependency | <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Venereal Disease |
| <input type="checkbox"/> COPD | | <input type="checkbox"/> Other (specify) _____ | |

--- CURRENT PHYSICIAN/DENTIST MEDICATION ORDERS ---

	Name of Drug	Strength/ Route	Frequency	Last Dose Date/Time	Medication Sent (✓)	Amounts	KOP
1.	Claritin	10mg	Tp.o qd		Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
2.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
3.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
4.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
5.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
6.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
7.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
8.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N

Brief Summary of Current Health Problems:

Allergic rhinitis

SPECIAL INSTRUCTIONS (e.g., Allergies, Diet, Impairments, Medical Appointments, etc.):

NKDA

Referred to Community Resources: ☐ Yes ☐ No Specify Below: _____

Report Prepared By: MEADAWAY Date: 9-23-13
Signature/Professional Title

Receiving Institution Review: Mary Rugh RN Date: 9-25-13
Signature/Professional Title



TENNESSEE DEPARTMENT OF CORRECTION
HEALTH QUESTIONNAIRE

NAME: Pleasant-Bey Boaz NUMBER 473110 DOB 6/18/83
Last First Middle
RECEIVING INSTITUTION: MCCX DATE: 9/24/13 TIME: 5²⁰ a.m.
INITIAL INTAKE: _____ TEMPORARY TRANSFER: ☒ PERMANENT TRANSFER: _____

INQUIRE INTO:

1. Have you ever had a positive TB test? ☐ Yes ☒ No If yes, describe _____
2. Are you being treated for any illness or health problem (including dental, venereal disease, or other infectious diseases)?
☒ Yes ☐ No If yes, describe: sinuses
3. Do you have any physical, mental or dental complaints at this time? ☒ Yes ☐ No
If yes, describe: cavities
4. Are you currently taking any medication(s)? ☒ Yes ☐ No sinus medication
If yes, was the medication transferred with the inmate? ☒ Yes ☐ No "propoxy"
5. Have you recently or in the past, used alcohol or other drugs? ☐ Yes ☒ No
If yes, describe: (what used, how much, how often, date of last use, any problems) _____
6. Have you ever been hospitalized for using alcohol or other drugs? ☐ Yes ☒ No
If yes, When: _____
7. Do you have any allergies? ☒ Yes ☐ No If yes, describe: pollen
8. (For women)
a) LMP ☐ b) Are you pregnant? ☐ Yes ☐ No Number of months _____
c) Have you recently delivered? ☐ Yes ☐ No Date: _____
d) Are you on birth control pills? ☐ Yes ☐ No e) Any gynecological problems? If yes describe: N/A
9. Screening for MRSA Infections:
a) Do you have any lesions, sores or insect bites? ☐ Yes ☒ No
If so, do you have any open/draining lesions, sores, or insect bites? ☐ Yes ☐ No
If yes, where are these lesions? _____

OBSERVE:

1. Behavior (including state of awareness, mental status, appearance, conduct, tremor and sweating):
☒ Normal ☐ Abnormal If abnormal, describe: _____
2. Body deformities, condition of skin (including needle marks, trauma markings, bruises, lesions, jaundice, rashes, tattoos, and infestation(s)) ☐ Yes ☒ No
If yes, describe: _____
3. Evidence of Abuse and/or Trauma? ☐ Yes ☒ No



TENNESSEE DEPARTMENT OF CORRECTION
FOOD HANDLER'S PERMIT

WCFA

INSTITUTION

NAME:

Boaz Pleasant-Bey

NUMBER:

473110

DOB:

6-18-93

TYPE OF HEALTH REVIEW: Designate with a check (✓) mark.

INITIAL

✓

ANNUAL

INTERVAL

A health record review is now complete on the above named inmate.

The above named inmate had a current tuberculosis (TB) screening.

This permit is valid for one (1) year unless inmate has an intervening health condition requiring removal from food service assignment

AUTHORIZED BY:

C. Washington LPN

Health Care Provider Signature/Professional Title

DATE:

6-10-13



TENNESSEE DEPARTMENT OF CORRECTION
HEALTH QUESTIONNAIRE

NAME: Pearson-Bey Boaz NUMBER 473110 DOB 6-18-93
Last First Middle
RECEIVING INSTITUTION: WCFA DATE: 6.10.13 TIME: 332 a.m. p.m.
INITIAL INTAKE: _____ TEMPORARY TRANSFER: _____ PERMANENT TRANSFER: X

INQUIRE INTO:

1. Have you ever had a positive TB test? ☒ Yes ☒ No If yes, describe _____
2. Are you being treated for any illness or health problem (including dental, venereal disease, or other infectious diseases)?
X Yes _____ No If yes, describe: Allergic Rx Sinusitis
3. Do you have any physical, mental or dental complaints at this time? ☒ Yes ☐ No
If yes, describe: Med Renewal
4. Are you currently taking any medication(s)? ☐ Yes ☒ No
If yes, was the medication transferred with the inmate? ☐ Yes ☒ No (requires visual verification)
5. Have you recently or in the past, used alcohol or other drugs? ☐ Yes ☒ No
If yes, describe: (what used, how much, how often, date of last use, any problems) _____
6. Have you ever been hospitalized for using alcohol or other drugs? ☐ Yes ☒ No
If yes, When: _____
7. Do you have any allergies? ☐ Yes ☒ No If yes, describe: _____
8. (For women)
 - a) LMP ☐ b) Are you pregnant? ☐ Yes ☐ No Number of months _____
 - c) Have you recently delivered? ☐ Yes ☐ No Date: _____
 - d) Are you on birth control pills? ☐ Yes ☐ No e) Any gynecological problems? If yes describe: _____
9. Screening for MRSA Infections:
 - a) Do you have any lesions, sores or insect bites? ☒ Yes ☐ No
If so, do you have any open/drainage lesions, sores, or insect bites? ☐ Yes ☒ No
If yes, where are these lesions? On nose

OBSERVE:

1. Behavior (including state of awareness, mental status, appearance, conduct, tremor and sweating):
☒ Normal ☐ Abnormal If abnormal, describe: _____
2. Body deformities, condition of skin (including needle marks, trauma markings, bruises, lesions, jaundice, rashes, tattoos, and infestation(s)) ☐ Yes ☒ No
If yes, describe: _____
3. Evidence of Abuse and/or Trauma? ☐ Yes ☒ No

NO OLD
VOLUMES



TENNESSEE DEPARTMENT OF CORRECTIONS
HEALTH SERVICES
TRANSFER / DISCHARGE HEALTH SUMMARY

Special
Chain

Name of Inmate: PLEASANT-BEY, BOAZ TDOC # 473110 DOB: 06-18-1983
Last First Initial

Current Institution: HCCF Transfer Date: 06-10-2013

Receiving Institution (if applicable): WCFA

Reason for Transfer/Discharge: PERM

Requires Chronic Illness Monitoring: ☐ yes ☒ no

Last TB Screening/PPD: 6-22-12 0 mm

Requires Mental Health/Psychiatric Monitoring: ☐ yes ☒ no

Last Periodic Health Appraisal: 2-24-11

HEALTH HISTORY

Check (✓) all conditions present

☐ HIV/AIDS

☐ Alcoholism

☐ Anemia

☐ Asthma

☐ Cancer (specify) _____

☐ Chemical Dependency

☐ COPD

☐ Depression

☐ Diabetes

☐ Emphysema

☐ Epilepsy

☐ Heart Disease

☐ Hepatitis C

☐ Hernia

☐ High Cholesterol

☐ Hypertension

☐ Kidney Disease

☐ Liver Disease

☐ Multiple Sclerosis

☐ Prosthesis (specify) _____

☐ Rheumatoid Arthritis

☐ Stroke

☐ Suicide Attempt

☐ Tuberculosis

☐ Venereal Disease

☐ Other (specify) _____

--- CURRENT PHYSICIAN/DENTIST MEDICATION ORDERS ---

	Name of Drug	Strength/ Route	Frequency	Last Dose Date/Time	Medication Sent (✓)	Amounts	KOP
1.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
2.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
3.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
4.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
5.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
6.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
7.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
8.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N

Brief Summary of Current Health Problems:

Allergic rhinitis

SPECIAL INSTRUCTIONS (e.g., Allergies, Diet, Impairments, Medical Appointments, etc.):

NKDA

Referred to Community Resources:

☐ Yes

☒ No

Specify Below:

Report Prepared By:

Mary Cross RN
Signature/Professional Title

Date:

6-9-13

Receiving Institution Review:

Signature/Professional Title

Date:



**Whiteville Correctional Facility Medical Service
Tennessee Sick Call Procedures:**

- 1. Routine sick call shall be conducted Monday Thur Friday and most Saturdays outlined in the Inmate hand book. Routine sick call also includes Dental, Psychiatric, and Providers.**
- 2. To access health care Inmates must sign up on a sick call request from and place in medical box to be picked up by medical staff by 1:00pm a pass will be sent to the inmate for appointment the following day (Monday thur Friday).**
- 3. A licensed medical staff will visit the segregation unit at least daily for sick call.**
- 4. \$3.00 co-pay will be charged in accordance with T.D.O.C. policy 113.15 Inmates co-pay for regular sick call and \$5.00 for emergency or not routine visits.**
- 5. Pill window will be opened at the following times AM chow call and PM chow call.**
- 6. Medical staff is available 24 hours per day for emergencies.**
- 7. Handouts on H.I.V /A.I.D.S and S.T.D.S. explained to inmates and a copy given to inmates.**
- 8. Procedure in filing a medical grievance.**
- 9. To access/receive KOP (keep on person) medication inmates must check channel. 7**
Whiteville Network for dates and time to pick up KOP meds.

Inmates signature: Bryant Lee

Date: 6-10-13

Staff Signature: Carmela White

Date: 6-10-13



TENNESSEE DEPARTMENT OF CORRECTION
ACCIDENT / INCIDENT / TRAUMATIC INJURY REPORT

HECF
INSTITUTION

Name:

Last

First

Middle

Number:

Date of Birth:

☐ Employee

☒ Inmate

☐ Visitor

☐ Other

Location (of occurrence)

Date (of occurrence)

Time (of occurrence)

Type of Injury / Incident:

☐

Work-related

☐

Sports

☐

Violence

☐

Use of Force

☒

Other:

Weapon, Property, Equipment, Machinery Involvement (Specify):

Subject's Version (how situation occurred):

Signature of Subject

Witness' Version:

Signature of Witness

Health Service Provider's Report

Subjective:

Objective:

Assessment:

Plan:

Date of Treatment

Time

Signature of Health Service Provider

Disposition:

☒

Treated by Institutional Health Service Staff

☐

Transported to Community Facility for Outpatient Care:

☐

Transported to Community Hospital for Inpatient Care:

☐

Other, explain:

Did death result?

☐

Yes

☒

No

Relatives notified:

☐

Yes

☒

No

CR-2592 (Rev. 6-01)

White - Health Record

Canary - Safety Officer

Pink - Clinic Officer

RDA

REC'D

URGENT
Case Response
A.S.A.P.

URGENT

INMATE REQUEST FORM

Form 14-100A

TO: Ms. Lambert DEPT: Medical Records DATE: 5/17/13

REQUEST: Ms. Cox wrote me in house mail and told me that I can request for a copy of my medical records showing that I have been diagnosed with Post Traumatic Stress Disorder. I'm requesting a copy of it.

BoAZ Pleasant-Bey 473110 Ad. Seg Cell #20
INMATE (PRINT NAME) NUMBER HOUSING ASSIGNMENT

RESPONSE: You can request to view your medical records with me. I'm not allowed to copy anything out of m^h charts, unless you have an active lawsuit on said subject. If you'd like to view your records I can set up a time/appt. You will need to request to view your records, once per year. Respectfully, Ms. Lambert, mrc

STAFF SIGNATURE

DATE:

600118-2034

06-03-13

(Copy placed in chart)

TDOC Mental Health / Suicide Screening Inventory

Name: Pleasant Bey Boziz DOB: 6/18/83 ID #: 473110 Inst: HCCF

Suicide Risk Factors:

#	Risk Factor	Yes	No
1	Has anyone in your family committed suicide?		<input checked="" type="checkbox"/>
2	Have you ever thought about killing yourself?		<input checked="" type="checkbox"/>
3	Have you ever attempted to kill yourself?*	<input checked="" type="checkbox"/>	
4	How many times? <u>1</u> Method? <u>Razor</u>		
5	When was the most recent attempt?		
6	Have you ever been hospitalized as a result of an attempt	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7	When and where was this hospitalization?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8	Have you ever been diagnosed with depression?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9	Have you ever been diagnosed with major depression?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10	Do you have, or have you had, a drug or alcohol problem?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
11	Have you experienced significant loss?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12	Do you not have a supportive family?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Total			
Suicide Risk Factor Index (any score over 3 is given a referral to psychiatry/psychology)		<u>1</u>	<u>10</u>

II
Medium High Risk
3 to 5 positive factors
0

III.
High Suicide Risk
Over 5 factors
0

I
Low Suicide Risk
Under 3 factors
1

Notes:

inmate alert and orientated at this time
take to Seg per Security Staff - D. Light



ME105
NECY

**TENNESSEE DEPARTMENT OF CORRECTION
2012-2013 DECLINATION OF INACTIVATED INJECTABLE INFLUENZA
VACCINATION**

HCCF
INSTITUTION

Name

Pleasant Bey Doaz

Number

473110

Date of Birth

6/18/83

I have been recommended to receive and offered the Inactivated Injectable Influenza Vaccination.

I acknowledge that I am aware of the following facts:

- I understand that I cannot get Influenza from the Influenza vaccine.
- I understand that the strains of virus that cause Influenza infection change almost each year and, even if they do not change, my immunity declines over time. This is why vaccination is recommended every year.
- If I become infected with Influenza, I can spread illness to others even when my symptoms are mild or non-existent.
- If I contract Influenza, I can shed the virus for 24 hours before Influenza symptoms appear. Spreading the Influenza virus to others.
- Influenza is a serious respiratory disease that kills thousands of people in the United States every year.
- The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those whom I have contact with.
- The most serious complication includes the potential of death.

I am choosing to decline Influenza vaccination for the following reasons:

I have read and fully understand the information on this declination form.

Pleasant Bey Doaz
Signature of Patient

10/22/12 12:55
Date Time

[Signature]
Signature of Health Care Provider

10-22-12 1255
Date Time

ATTACHMENT I

Please see on 3/24/13

ME211



TENNESSEE DEPARTMENT OF CORRECTION
INSTITUTIONAL MENTAL HEALTH SERVICES REFERRAL

CCA - HARDEMAN COUNTY
INSTITUTION

INMATE: Pleasant-Bey NUMBER: 473110
Last First Middle

PRESENTING PROBLEMS:

Inmate requesting individual session - ↑ in nightmares + flashbacks. referred by Elaine Kirk, APRN

REFERRED BY: [Signature] 4/23/13
Signature/Title Date Time

SEND REFERRAL FORM TO INSTITUTIONAL MENTAL HEALTH COORDINATOR

RECEIVED BY: [Signature] 5/13/13 6:00 PM
Signature/Title Mental Health Professional Date Time

REFERRAL DISPOSITION (Course of Action): seen during leg check; I/M stated he could wait until being released from leg. to have individual counseling.

DATE: 3/15/13 TIME: 3:45 PM

[Signature]
Signature/Professional Title



TENNESSEE DEPARTMENT OF CORRECTION
HEALTH SERVICES
TRANSFER / DISCHARGE HEALTH SUMMARY

Name of Inmate: Pleasant-Bey, Boaz TDOC # 473110 DOB: 6/18/83
Last First Initial
Current Institution: WTSP Transfer Date: 3/21/11
Receiving Institution (if applicable): HCCF
Reason for Transfer/Discharge: Term
Requires Chronic Illness Monitoring: ☒ yes ☐ no Last TB Screening/PPD: 2/25/11 Jmm
Requires Mental Health/Psychiatric Monitoring: ☐ yes ☒ no Last Periodic Health Appraisal: 2/24/11

HEALTH HISTORY

Check (✓) all conditions present

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Depression | <input type="checkbox"/> Hernia | <input type="checkbox"/> Prosthesis (specify) _____ |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Suicide Attempt |
| <input type="checkbox"/> Cancer (specify) _____ | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Chemical Dependency | <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Venereal Disease |
| <input type="checkbox"/> COPD | | <input checked="" type="checkbox"/> Other (specify) <u>Allergies</u> | |

— CURRENT PHYSICIAN/DENTIST MEDICATION ORDERS —

	Name of Drug	Strength/ Route	Frequency	Last Dose Date/Time	Medication Sent (✓)	Amounts	KOP
1.	<u>Clonidine 10mg</u>	<u>1/1 PO q day</u>			Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	<u>KOP</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
2.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
3.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
4.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
5.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
6.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
7.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
8.					Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N

Brief Summary of Current Health Problems:

SPECIAL INSTRUCTIONS (e.g., Allergies, Diet, Impairments, Medical Appointments, etc.):

NKDA, Flu Allergies 5/2011

Referred to Community Resources: ☐ Yes ☒ No Specify Below:

Report Prepared By: [Signature] Date: 3/20/11
Signature/Professional Title
Receiving Institution Review: [Signature] Date: 3/21/11
Signature/Professional Title



TENNESSEE DEPARTMENT OF CORRECTION
HEALTH QUESTIONNAIRE

Ⓢmeds
Has 14d supply

NAME: Pleasant-Berg Boix J.M. NUMBER 473170 DOB 6/18/83
Last First Middle

RECEIVING INSTITUTION: HCCF DATE: 3/21/11 TIME: 2:40 ^{a.m.} _{p.m.}

INITIAL INTAKE: _____ TEMPORARY TRANSFER: _____ PERMANENT TRANSFER: ☒

INQUIRE INTO:

1. Have you ever had a positive TB test? ☐ Yes ☒ No If yes, describe _____
2. Are you being treated for any illness or health problem (including dental, venereal disease, or other infectious diseases)?
_____ Yes ☒ No If yes, describe: _____
3. Do you have any physical, mental or dental complaints at this time? ☒ Yes ☐ No
If yes, describe: I have a few cavities
4. Are you currently taking any medication(s)? ☒ Yes ☐ No Clamox
If yes, was the medication transferred with the inmate? ☒ Yes ☐ No (requires visual verification)
5. Have you recently or in the past, used alcohol or other drugs? ☐ Yes ☒ No
If yes, describe: (what used, how much, how often, date of last use, any problems) _____
6. Have you ever been hospitalized for using alcohol or other drugs? ☐ Yes ☒ No
If yes, When: _____
7. Do you have any allergies? ☒ Yes ☐ No If yes, describe: Hay Fever allergic to pollen, dust, cut grass, etc.
8. (For women)
a) LMP ☐ b) Are you pregnant? ☐ Yes ☐ No Number of months _____
c) Have you recently delivered? ☐ Yes ☐ No Date: _____
d) Are you on birth control pills? ☐ Yes ☐ No e) Any gynecological problems? If yes describe: _____
9. Screening for MRSA Infections:
a) Do you have any lesions, sores or insect bites? ☐ Yes ☒ No
If so, do you have any open/draining lesions, sores, or insect bites? ☐ Yes ☒ No
If yes, where are these lesions? _____

OBSERVE:

1. Behavior (including state of awareness, mental status, appearance, conduct, tremor and sweating):
☒ Normal ☐ Abnormal If abnormal, describe: _____
2. Body deformities, condition of skin (including needle marks, trauma markings, bruises, lesions, jaundice, rashes, tattoos, and infestation(s)) ☐ Yes ☒ No
If yes, describe: _____

3. Evidence of Abuse and/or Trauma? ☐ Yes ☒ No

MENTAL HEALTH:

1. Is the inmate presenting behavior(s) that are considered:

- ☐ Anxious ☐ Antagonistic/Hostile ☐ Hallucinations
☐ Withdrawn/Avoidant ☐ Depressed/Hopeless

2. Is the inmate presenting disorganized thought? (Unable to track questions and/or present responses in logical or connected manner) ☐ Yes ☒ No

3. Have you ever been in a mental hospital? ☐ Yes ☒ No

If yes, when: _____

How often? _____

Have you ever been treated for mental health or substance abuse? ☐ Yes ☒ No **MH or A&D (circle one)**

Have you ever attempted to kill yourself? ☐ Yes ☒ No

If yes, When: _____

How? _____

How many times? _____

Are you thinking about suicide now? ☐ Yes ☒ No

Has a parent, other family member, or close friend committed suicide? ☐ Yes ☒ No

If yes, Who? _____

4. Do you have a history or past or current head trauma? ☐ Yes ☒ No

If yes, explain type of injury: _____

5. As an adult or child, have you personally experienced being: *no*

☐ Sexually abused ☐ Physically abused ☐ Emotionally abused

If yes, explain: *No*

DISPOSITION:

- ☐ Intake housing ☐ Intake housing with prompt referral appointment
☒ General housing ☐ General housing with prompt/appropriate referral appointment
☐ Referred to appropriate health or mental health services provider due to emergency.

ADDITIONAL COMMENTS ON PROGRESS NOTES - (CR-1884):

☐ Yes ☒ No

Heather Shively
Employee Signature and Title

I have received a copy of the Tennessee Department of Correction and/or Institutional - Inmate Rules and Regulations handbook regarding the procedure for obtaining routine and emergency health care (medical, dental, substance abuse, and/or mental health, and co-pay requirements). These have been explained to me and I understand how to access healthcare services.

[Signature]
Inmate Signature

NURSE SICK CALL PROCEDURES

1. Sick call slips will be filled out by the inmates. Slips will state what the health complaint is ("I have a cold" or "My gums are swollen" or "My back hurts.") Complaints that are not specific such as "I want to see the doctor" or "Sick" or "dental" will not be processed. They will be noted and sent back to the inmate via in-house mail.
2. Sick call slips will be picked up by the nurses each night except for Friday, Saturday and the night prior to a holiday. There is no sick call on weekends and holidays. Sick call slips must be placed in the WHITE box in the pod in order to be processed. Those received via in-house mail will not be processed.
3. The night shift RN will sort the sick call slips according to where they need to be referred, such as "nurse sick call," "MD/FNP, "Mental Health," and "Dental."
4. Those inmates who already have referrals for the complaints listed on their sick call slips will not be seen on sick call. The slip will be noted and returned to the inmate via in-house mail.
5. Passes will be sent out for nurse sick call to those inmates who will be seen by the nurse. If an inmate does not receive a pass, that means he has been referred appropriately and need not report to medical. Pass must be signed by INMATE, not staff.
6. The charts of those inmates who sign up for a med refill will be reviewed. If there is an active order and the med is due, it will be reordered. If there is no active order, the inmate will be referred to the appropriate provider. These inmates will not need to be seen by the nurse. Sick call slips will be noted and returned to the inmate via in-house mail.

ALL INMATE-INITIATED SICK CALL VISITS ARE CHARGEABLE WITH THE EXCEPTION OF THOSE SEEN FOR MENTAL HEALTH REFERRALS.

STAFF-INITIATED SICK CALL VISITS, SUCH AS ON-THE-JOB INJURIES, ARE NOT CHARGEABLE.

SICK CALL VISITS INITIATED BY STAFF MEMBERS AT THE REQUEST OF THE INMATE ARE CONSIDERED INMATE-INITIATED AND ARE CHARGEABLE.

If you have any questions, please send an Inmate Request Form to either Ms. Buford or Ms. Gates in the Medical Department.

Heather Thweath
medical staff
03/21/11
date

[Signature]
C/M signature
03/21/11
date

TDOC Mental Health / Suicide Screening Inventory

Name: Bonita Pleasant Bey DOB: 6/18/83 ID #: 073110 Inst.: CCCF

Suicide Risk Factors:

#	Risk Factor	Yes	No
1	Has anyone in your family committed suicide?		
2	Have you ever thought about killing yourself?		
3	Have you ever attempted to kill yourself?*		
4	How many times? _____ Method? _____		
5	When was the most recent attempt?		
6	Have you ever been hospitalized as a result of an attempt		
7	When and where was this hospitalization?		
8	Have you ever been diagnosed with depression?		
9	Have you ever been diagnosed with major depression?		
10	Do you have, or have you had, a drug or alcohol problem?		
11	Have you experienced significant loss?		
12	Do you <u>not</u> have a supportive family?		
Total			
Suicide Risk Factor Index (any score over 3 is given a referral to psychiatry/psychology)		6	7

II
Medium High Risk
 3 to 5 positive factors
☐

III.
High Suicide Risk
 Over 5 factors
☐

I
Low Suicide Risk
 Under 3 factors
☒

Notes:

New intake of low risk suicide.

[Signature]

[Signature]
 3/21/16
 Chair



STATE OF TENNESSEE
DEPARTMENT OF CORRECTION
WEST TENNESSEE STATE PENITENTIARY
P.O. BOX 1150
HENNING, TENNESSEE 38041-1150
TELEPHONE (731) 738-5044 ■ FAX (731) 738-5947

19 NEG
1 THC
20 Total

MEMORANDUM

TO: Medical Records
FROM: Lt. Thomas Shell, Drug Testing Coordinator
DATE: 2/17/11
SUBJECT: Initial Intake Drug Screen

Inmate: Boaz Pleasant - Bey Number: 473110 was
given an initial intake drug screen for the following substances:

	Substance	Positive	Negative
1.	Marijuana	_____	_____
2.	Cocaine	_____	_____
3.	Barbiturates	_____	_____
4.	Methamphetamines	_____	_____
5.	Amphetamines	_____	_____
6.	Opiates	_____	_____
7.	Benzodiazepines	_____	_____
8.	Phencyclidine (PCP)	_____	_____
9.	Methadone	_____	_____
10.	Oxycodone	_____	_____
11.	Propoxypheneb	_____	_____
12.	Buprenorphine (Suboxone)	_____	_____

Per TDCO Policy #506.21: Please place these results in the inmates' Medical Records.



**TENNESSEE DEPARTMENT OF CORRECTION
HEALTH SERVICES
REFUSAL OF MEDICAL SERVICES
WEST TENNESSEE
STATE PENITENTIARY**

INSTITUTION _____

Date 2-18 2011

Time 8:00 AM/PM

This is to certify that I

Pleasant Bey, Boaz
(Inmate's Name)

473110
(TDOC Number)

have been advised that I have been scheduled for the following medical services and/or have been advised to have the following evaluations, treatment, or surgical/other procedures:

Rectal/testicular exam - I understand I may have an underlying condition that may go undiagnosed & possibly lead to death

I am refusing the above listed medical services against the advice of the attending physician and/or the Health Services staff. I acknowledge that I have been informed of the risks involved by my refusal and hereby release the State of Tennessee, Department of Correction, and their employees from all responsibility for any ill effects which may be experienced as a result of this refusal. I also acknowledge this medical service may not be made readily available to me in the future unless an attending physician certifies my medical problem as a medical emergency.

Signed

X Boaz Pleasant Bey
(Inmate)

473110
(TDOC number)

02/18/11
(Date)

Witness:

James Clark
(Signature)

LP
(Title)

2/18/11
(Date)

Witness:

Alana Beavers
(Signature)

RS
(Title)

2/18/11
(Date)

The above information has been read and explained to,

the form.

(Inmate's Name)

(TDOC number)

but has refused to sign

Witness:

(Signature)

(Title)

(Date)

Witness:

(Signature)

(Title)

(Date)



TENNESSEE DEPARTMENT OF CORRECTION
CONSENT FOR DNA ANALYSIS

WTSP

INSTITUTION

NAME Pleasant-Bey Boaz
Last First Middle
NUMBER: 473110 DOB 6-18-83

I, understand that I am being requested to allow the health professional to collect a blood specimen as required in statute TCA §40-35-321, collection of biological specimens for DNA analysis - persons convicted of certain offenses - condition of release from imprisonment.

TCA §40-35-321 provides that any person who has committed or attempted to commit §39-13-502 (Aggravated Rape), §39-13-503 (Rape), §39-13-504 (Aggravated Sexual Battery), §39-15-505 (Sexual Battery), §39-13-522 (Rape of a Child), or §39-15-302 (Incest) on or after July 1, 1991, must provide a biological specimen for the purpose of DNA analysis. Furthermore, TCA §40-35-321 provides that any person convicted of any felony offense committed on or after July 1, 1998, must provide a biological specimen for the purpose of DNA analysis. The biological specimen will be forwarded to the Tennessee Bureau of Investigation, which shall maintain it as provided in §39-6-113.

If a person convicted of violating or attempting to violate §39-13-502, §39-13-503, §39-13-504, §39-13-505, §39-13-522, §39-15-302, or §40-35-321, and committed to the custody of the commissioner of correction for a term of imprisonment, does not provide a biological specimen for the purpose of DNA analysis before completion of the person's term of imprisonment, that person may not be released on parole or otherwise unless and until such person provides such a specimen.

If an inmate is convicted of a disciplinary offense for refusing to provide a biological specimen, he/she shall forfeit the opportunity to earn behavior sentence credits until such time he/she provides a biological specimen. If applicable, previously earned behavior sentence credits shall not be forfeited. A person refusing to provide a biological specimen may at a later date provide a specimen. For those persons refusing to provide a specimen, a due process hearing shall be provided by the disciplinary board.

By signing this I acknowledge that I understand the above mentioned

[Signature]
Inmate Signature

02/18/11
Date

[Signature]
Witness/Health Professional

2/18/11
Date

I am refusing to participate in the DNA testing process:

Inmate Signature

Date

Health Professional

Date

Witness/Conservator

Date



TENNESSEE DEPARTMENT OF CORRECTION

HUMAN IMMUNODEFICIENCY VIRUS (HIV) TEST
INFORMED CONSENT

WEST TENNESSEE
STATE PENITENTIARY

INSTITUTION

2-7-11
DATE

NAME:

Pleasant-Bey, Boaz
Last First Middle

NUMBER

473110

DOB

6-18-83

WEST TENNESSEE
STATE PENITENTIARY

Name/Professional Title of Health Care Provider

I read the patient HIV education materials provided by:

regarding the Human Immunodeficiency Virus (HIV) test; HIV test information has been fully explained to me and my questions have been answered to my satisfaction; and, I also understand counseling is available to assist me in reducing my risk of acquiring HIV.

I also understand that my health record and my test results are confidential and will not be released without my written consent except with a court order; however, the absolute confidentiality of the HIV test results cannot be fully guaranteed

I also understand that if I am found to be infected, this test does not predict if I will become ill with AIDS.

I hereby, authorize and consent to be tested for the presence of the Human Immunodeficiency Virus. I am fully informed that I am free and able to revoke this consent at any time prior to testing.

[Signature]
Patient Signature

2/18/11
Date

Parent or Legal Guardian Signature (As Applicable)

[Signature]
Witness Signature

Date

2/18/11
Date

I fully explained and discussed with the patient education materials regarding Human Immunodeficiency Virus (HIV) with Pleasant-Bey, Boaz and I have reviewed the possible implications of the HIV

Patient Name (as applicable, Parent or Legal Guardian)

test results as it pertains to: ☒ health care; ☒ confidentiality ☒ other, specify HIV pre test counseling

[Signature]
Legal Signature/Professional Title of Health Care Provider

2/18/11
Date



TENNESSEE DEPARTMENT OF CORRECTION
HEALTH QUESTIONNAIRE

NAME: Pleasant Ray - Booz NUMBER 473110 DOB 6/18/83
Last First Middle

RECEIVING INSTITUTION: WTSP DATE: 2/17/11 TIME: 1 a.m.
p.m.

INITIAL INTAKE: X TEMPORARY TRANSFER: _____ PERMANENT TRANSFER: _____

INQUIRE INTO:

1. Have you ever had a positive TB test? ☐ Yes ☒ No If yes, describe _____
2. Are you being treated for any illness or health problem (including dental, venereal disease, or other infectious diseases)?
Yes X No If yes, describe: _____
3. Do you have any physical, mental or dental complaints at this time? ☐ Yes ☒ No
If yes, describe: _____
4. Are you currently taking any medication(s)? ☐ Yes ☒ No
If yes, was the medication transferred with the inmate? ☐ Yes ☒ No (requires visual verification)
5. Have you recently or in the past, used alcohol or other drugs? ☐ Yes ☒ No
If yes, describe: (what used, how much, how often, date of last use, any problems) _____
6. Have you ever been hospitalized for using alcohol or other drugs? ☐ Yes ☒ No
If yes, When: _____
7. Do you have any allergies? ☐ Yes ☒ No If yes, describe: _____
8. (For women)
 - a) LMP ☐ b) Are you pregnant? ☐ Yes ☒ No Number of months _____
 - c) Have you recently delivered? ☐ Yes ☒ No Date: _____
 - d) Are you on birth control pills? ☐ Yes ☒ No e) Any gynecological problems? If yes describe: _____
9. Screening for MRSA Infections:
 - a) Do you have any lesions, sores or insect bites? ☐ Yes ☒ No
If so, do you have any open/draining lesions, sores, or insect bites? ☐ Yes ☒ No
If yes, where are these lesions? _____

OBSERVE:

1. Behavior (including state of awareness, mental status, appearance, conduct, tremor and sweating):
☒ Normal ☐ Abnormal If abnormal, describe: _____
2. Body deformities, condition of skin (including needle marks, trauma markings, bruises, lesions, jaundice, rashes, tattoos, and infestation(s)) ☐ Yes ☒ No
If yes, describe: _____
3. Evidence of Abuse and/or Trauma? ☐ Yes ☒ No



TENNESSEE DEPARTMENT OF CORRECTION
HEALTH SERVICES
HEALTH STATUS/TRANSFER SUMMARY

Name of Inmate: Pleasant-bey Boaz Number 7104623 DOB: Mo. 6 Day 18 Yr. 83

Transferring Institution: Last CHU First Initial

Transfer Date: Mo. 2 Day 17 Yr. 11

Receiving Institution: ST PEN

Reason for Transfer: sentenced

Requires Chronic Illness Monitoring: yes ☒ no

Last TB Screening/PPD Date: 2/1/11

Requires Mental Health/Psychiatric Monitoring: yes ☒ no

Last Periodic Health Appraisal Date: 2-27-10

Check (✓) if Present

Prosthetics:

- ☐ Limbs
☒ Hearing Aids
☐ Glasses
☐ Dentures
☐ Contact Lens
☐ Pace Maker

Assistive Devices:

- ☐ Crutches/Cane
☒ Braces
☐ Walker
☐ Wheel Chair
☐ Splints

Activity Limitations:

- ☐ None
☒ Moderate
☐ Severe

Impairments:

- ☐ Mental
☒ Speech
☒ Hearing
☐ Vision
☐ Sensation
☐ Extremities

Allergies: NO

— CURRENT PHYSICIAN/DENTIST ORDERS —

MEDICATION

	Name of Drug	Strength/ Route	Frequency	Last Dose Date/Time	Medication Sent with Patient (✓)	Medication Sent with Patient (✓)	Amounts	KOP
1.	<u>0 meds</u>				Y	N		N
2.					Y	N		N
3.					Y	N		N
4.					Y	N		N
5.					Y	N		N
6.					Y	N		N
7.					Y	N		N
8.					Y	N		N

SPECIAL INSTRUCTIONS: (Self help ability, Treatments, appointments, diet, dental, etc.)

Report Prepared By:

21 Anapolice
Signature/Professional Title

Date: 2, 17, 11

Receiving Institution Review:

[Signature]
Signature/Professional Title

Date: 2, 17, 11



TENNESSEE DEPARTMENT OF CORRECTION
MENTAL HEALTH SCREENING REPORT

TTCL
WtSP
INSTITUTION

[Handwritten signature]

INMATE NAME: Bryan Pleasant-Bey TDOC NUMBER: 473110 SEX: M
UNIT: 6A CELL: 14 DATE OF SCREENING: 2-24-20
TYPE OF SCREENING: 3 DAY SEGREGATION ☒ 7 DAY SEGREGATION ☐ 30 DAY SEGREGATION ☐ OTHER: ☐

MENTAL STATUS SCREENING :

YES	NO	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	DOES THE OFFENDER HAVE A PRESENT SUICIDE IDEATION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	DOES THE OFFENDER HAVE A HISTORY OF SUICIDAL BEHAVIOR
<input type="checkbox"/>	<input checked="" type="checkbox"/>	IS THE OFFENDER PRESENTLY PRESCRIBED PSYCHOTROPIC MEDICATION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	DOES THE OFFENDER HAVE A CURRENT MENTAL HEALTH COMPLAINT
<input type="checkbox"/>	<input checked="" type="checkbox"/>	IS THE OFFENDER BEING TREATED FOR MENTAL HEALTH PROBLEMS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	DOES OFFENDER HAVE A HISTORY OF TREATMENT FOR SUBSTANCE USE
<input type="checkbox"/>	<input checked="" type="checkbox"/>	DOES OFFENDER HAVE A HISTORY OF INPATIENT AND OUTPATIENT PSYCHIATRIC TREATMENT

SUBJECTIVE/OBJECTIVE (include symptoms of psychosis, depression, anxiety, and/or aggression): I/M presented with
significant mental health symptoms.

GENERAL APPEARANCE

☒ Neat
☐ Unclean
☐ Bizarre
☐ Disheveled

EYE CONTACT

☒ Good
☐ Fair
☐ Poor

DISPOSITION OF OFFENDER

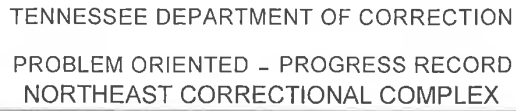
☒ No Mental Health Referral
☐ Referral to Mental Health Care Service
☐ Referral to Appropriate Mental Health Care Service for Emergency Treatment

ADDITIONAL INFORMATION: I/M presented low risk to harm self and others.
There were no known contraindications to segregation placement.

Stanley Click
SIGNATURE OF MENTAL HEALTH PROVIDER

Stanley Click, LPC-MHSP
TITLE

2-24-2020
DATE

[illegible]

RDA 1100



DATE: June 28, 2016

TO: Kim Gentry

FROM: David C. Dobbins
Mental Health
Administrator

SUBJECT: Boaz Pleasant-Bey 473110

MR. Pleasant -Bey is currently a
Level of Care one.

He has not received mental health
treatment since early 2013. There
are no current Mental Health
issues or concerns relating to this
inmate.

Northeast Correctional Complex • 5249 Hwy 67W • P.O. Box 5000 • Mountain city, TN
37683

Tel: 423-727-7387 • Fax: 423-727-4490 • tn.gov/correction



INMATE NAME: Pleasant, Boaz INSTITUTION _____ INMATE NUMBER: 473110

[illegible]

Do Not Write on Back

TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED – PROGRESS RECORD

West Tennessee State Penitentiary

INSTITUTION

INMATE NAME:

Boaz Pleasant - Bey

INMATE NUMBER:

473110

DATE	TIME/PLACE	PROB NO.	Court Return Assessment
4/6/14	12:10	S	I/M was seen this AM (AM) after returning to the facility from court.
	Site 2	O	I/M presents as A&Ox <u>4</u> . Thought processes are <u>appropriate</u> .
	Infirmery		Speech appears to be <u>clear</u> . Tone appears to be <u>normal</u> .
			Insight appears to be <u>good</u> . Mood appears to be <u>euthymic</u> .
			Affect is <u>normal</u> . Behavior is <u>cooperative</u> . I/M <u>denies</u>
			suicidal/homicidal ideations. Eye contact is <u>good</u> . Memory appears
			to be <u>intact</u> .
		A	I/m stated court was rescheduled. I/m reported he was doing ok.
		P	Monitor/Assess as needed.

Lakiesha Hicks MBSC

Do Not Write on Back



DATE: January 19, 2016

TO:
Kim Gentry

FROM: David C. Dobbins
Mental Health
Administrator

SUBJECT: Boaz Pleasant-Bey 473110

MR. Pleasant -Bey is currently a
Level of Care one.

He has not received mental health
treatment since early 2013. There
are no current Mental Health
issues or concerns relating to this
inmate.

Northeast Correctional Complex • 5249 Hwy 67W • P.O. Box 5000 • Mountain city, TN
37683

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TENNESSEE DEPARTMENT OF CORRECTION
PROBLEM ORIENTED - PROGRESS RECORD
NECX

INSTITUTION

INMATE NAME: Pleasant-Bey, Boaz

INMATE NUMBER: 473110

DATE	TIME/PLACE	PROB. NO.	
7-2-15	1339	MECX	MH Chain Chart Review Done - <u>Janf Baggard</u>
7-2-15	1908		LOC ONE <u>William C. Diebold MD</u> DOCTOR DATE TIME
11-23-15	0845	MECX	MH Chain Chart Review Done - <u>Janf Baggard</u>

Do Not Write on Back



TENNESSEE DEPARTMENT OF CORRECTION
MENTAL HEALTH SCREENING REPORT

HCCF
INSTITUTION

INMATE NAME: Pleasant-Bey, Boaz NUMBER: 473110 SEX: M
UNIT: Segregation CELL: 20 DATE OF SCREENING: 5/13/13
TYPE OF SCREENING: 30 DAY SEGREGATION: ✓ 90 DAY SEGREGATION: OTHER:

MENTAL STATUS SCREENING:

- | YES | NO | |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | INMATE/PATIENT EXHIBITED APPROPRIATE AFFECT |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | THOUGHT PROCESS WAS ORDERLY AND RELEVANT |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | PERCEPTION PROCESSES WERE INTACT |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | INMATE/PATIENT WAS ORIENTED 4X, PERSON, PLACE, TIME, CIRCUMSTANCE |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | MEMORY PROCESSES WERE INTACT |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | JUDGEMENT & INSIGHT WERE WITHIN NORMAL LIMITS FOR THIS POPULATION |

SUBJECTIVE/OBJECTIVE: I/M has no mental health
complaints at this time; has hx of
refusing meds.

ASSESSMENT: Adjustment d/o.

PLAN: I/M requested another 1-1 counseling session.
We agreed that this could wait until he
returns to the general population; follow
within 90 days for next screening eval.

REFERRAL TO: (I/M will request counseling at his
initiative)

SIGNATURE OF MENTAL HEALTH PROFESSIONAL:

David R. Richio Ph.D. PSYCHOLOGIST
TITLE

5/13/13
DATE



TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED - PROGRESS RECORD

CCA - HARDEMAN COUNTY

INSTITUTION

INMATE NAME: Boaz Pleasant - Bay

INMATE NUMBER: 473110

DATE	TIME/PLACE	PROB NO.	
4/23/13	1710	S:	"having nightmares of court time" "don't believe in medication"
		O:	Affect - slightly constricted mood - blunted reports increase in flashbacks; nightmares things to do with his court date - increased over last week Denies SI/HI Denies ALL hallucinations sleep - on and off still refuses meds - wants referral to Dr Ritchie
		A:	Adjustment D/O R/O PTSD
		P:	Refer to Dr Ritchie Refuses meds Elulbath
			Elaine Kirk, A.P.N. Psy-Mental Health N.P.

Do Not Write on Back



TENNESSEE DEPARTMENT OF CORRECTION
MENTAL HEALTH SCREENING REPORT

HCCE
INSTITUTION

INMATE NAME Boaz Pleasant-Bey NUMBER 473110 SEX Male
UNIT Seg CELL 14 DATE OF SCREENING 3/25/13
TYPE OF SCREENING: 30 DAY SEGREGATION _____ 90 DAY SEGREGATION: _____ OTHER 3

MENTAL STATUS SCREENING

YES	NO	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	INMATE/PATIENT EXHIBITED APPROPRIATE AFFECT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	THOUGHT PROCESS WAS ORDERLY AND RELEVANT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	PERCEPTION PROCESSES WERE INTACT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	INMATE/PATIENT WAS ORIENTED 4X, PERSON, PLACE, TIME, CIRCUMSTANCE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	MEMORY PROCESSES WERE INTACT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	JUDGEMENT & INSIGHT WERE WITHIN NORMAL LIMITS FOR THIS POPULATION

SUBJECTIVE/OBJECTIVE

I/m is currently in segregation for Indecent Exposure. I/m reports that he is not currently taking any mental health medications. He states that he just prays about his issues. No suicidal thoughts or A/D hallucinations.

ASSESSMENT

Normal, mood & affect - good eye contact / speech

PLAN:

REFERRAL TO

MH as scheduled

SIGNATURE OF MENTAL HEALTH PROFESSIONAL

[Signature]
[Signature]

Elaine Kirk, A.P.N.
Psy-Mental Health N.L.

MHC
TITLE

MHC

3/25/13
DATE

4/4/13

ME107



TENNESSEE DEPARTMENT OF CORRECTION
MENTAL HEALTH TREATMENT PLAN REVIEW
CCA - HARDEMAN COUNTY
INSTITUTION

INMATE: Pleasant-bey, Boaz
NUMBER: 473110
DATE OF BIRTH: _____
SEX: M

DATE OF INITIAL PLAN: _____
NEXT TREATMENT PLAN REVIEW ON OR BEFORE: 8-15-13
☒ VOLUNTARY ☐ INVOLUNTARY ☒ LEVEL OF CARE
☐ INPATIENT ☒ OUTPATIENT
SPECIAL UNIT: SPECIFY: _____

DSM-IV-TR DIAGNOSIS	<input type="checkbox"/> SMI	<input type="checkbox"/> SPMI	<input type="checkbox"/> None
Axis I: <u>309.90 Adjustment D/O</u>			
Axis II: <u>DEFERRED</u>			
Axis III: <u>DEFERRED</u>			
Axis IV: <u>INCARCERATION</u>			
Axis V: _____			

TARGET SYMPTOMS/ PROBLEMS	
1) <input checked="" type="checkbox"/> SAME	<input type="checkbox"/> REVISED _____
2) <input type="checkbox"/> SAME	<input type="checkbox"/> REVISED _____
3) <input type="checkbox"/> SAME	<input type="checkbox"/> REVISED _____
4) <input type="checkbox"/> SAME	<input type="checkbox"/> REVISED _____
5) <input type="checkbox"/> SAME	<input type="checkbox"/> REVISED _____

PROGRESS ACCORDING TO TREATMENT PLAN GOALS			
1) <input type="checkbox"/> NONE	<input type="checkbox"/> MINIMAL	<input checked="" type="checkbox"/> IMPROVED	<input type="checkbox"/> DISCHARGE GOAL
2) <input type="checkbox"/> NONE	<input type="checkbox"/> MINIMAL	<input type="checkbox"/> IMPROVED	<input type="checkbox"/> DISCHARGE GOAL
3) <input type="checkbox"/> NONE	<input type="checkbox"/> MINIMAL	<input type="checkbox"/> IMPROVED	<input type="checkbox"/> DISCHARGE GOAL
4) <input type="checkbox"/> NONE	<input type="checkbox"/> MINIMAL	<input type="checkbox"/> IMPROVED	<input type="checkbox"/> DISCHARGE GOAL
5) <input type="checkbox"/> NONE	<input type="checkbox"/> MINIMAL	<input type="checkbox"/> IMPROVED	<input type="checkbox"/> DISCHARGE GOAL

NEW/REVISED TREATMENT MODALITY AND FREQUENCY

Boaz Pleasant-Bey
INMATE SIGNATURE - CONSERVATOR SIGNATURE

2-15-13
DATE

STAFF SIGNATURE

TITLE

DATE

Elaine Kirk
STAFF SIGNATURE

TITLE

2-15-13
DATE

Elaine Kirk, A.P.N.
Psy-Mental Health N.P.

CR-3767 (Rev. 11-11)

Duplicate as Needed

RDA - 1100



TENNESSEE DEPARTMENT OF CORRECTION
MENTAL HEALTH SERVICES
INFORMED CONSENT FOR ASSESSMENT AND TREATMENT

HCCF
INSTITUTION
Pleasant-Bey Boaz
INMATE NAME
473110
TDOC NUMBER
6-18-83
DATE OF BIRTH

I hereby authorize Elaine Kirk, APN to perform the following assessment or treatment:
Dr. Kevin Turner, MD

Use Layman's Terms

The type and extent of services that I will receive will be determined following an initial assessment and thorough discussion with me. The goal of the assessment process is to determine the best course of treatment for me.

I understand that a range of mental health professionals, some of whom are in training, provides mental health services. All professionals-in-training are supervised by licensed staff.

I understand that while psychotherapy and/or medication, may provide significant benefits, it may also pose risks. If medications are prescribed, the psychiatric provider and I have discussed:

- My Mental Health Condition
- The reasons for prescribing the medication, including the likelihood of my condition
- Improving or not improving without the medicine.
- Reasonable alternative treatments available for my condition.
- The type of medication that I will be receiving, the frequency and range of dosages, the method by which I will take the medication (shots or mouth), and duration of such treatment.
- The side effects of these drugs known to commonly occur and any particular side effects likely to occur in my particular case.

Psychological Services can have benefits and risks. Since therapy often involves discussing unpleasant aspects of my life, I may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits such as significant reductions in feelings of distress.

I acknowledge that no guarantee or assurance has been made as to the result that may be obtained

If any unforeseen condition arises in the course of the intervention for the judgment of the practitioner for procedures in addition to or different from those now contemplated a new informed consent assessment and treatment will be obtained.

I have read and fully understand the terms of this consent.

Date: 03/14/12 Time: 1858
Bryce Pleasant-Bey
Signature of the inmate or person authorized to consent for inmate
Elaine Kirk, A.P.N.
Signature of Practitioner and Professional Title
Psy-Mental Health N.P.
Signature of Practitioner and Professional Title

Witness: _____

CR-3766

Duplicate as Needed

RDA

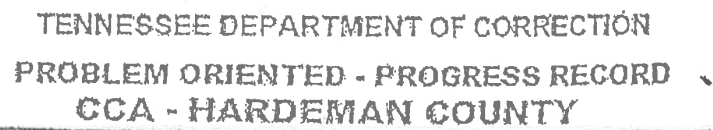


INMATE NAME Pleasant Bey, Boaz INSTITUTION _____ INMATE NUMBER 473110

DATE	TIME/PLACE	PROB NO.	
2/14/13	1855	S:	having a lot of issues but enjoys speaking to people
		O:	- still does not want mental health services - stressful just being here ① suicide/homicidal ideations ② A/V hallucinations
		H:	Adjustment D/O w/o PTSD
		P:	Discontinue mental Health. Elukut

Elaine Kirk, A.P.N.
Psy-Mental Health N.P.

Do Not Write on Back



INMATE NAME: Pleasant-Bey Boaz

DATE	TIME/PLACE	PROB. NO.	
11/12/12	1552	S:	"still cool"
		O:	Refuses medication Refuses counseling states he is doing okay SEE DOES
		A:	Adjustment D/O R/O PTSD
		C:	MC for mental health Elaine Kirk
			Elaine Kirk, A.P.N. Psy-Mental Health N.P.



TENNESSEE DEPARTMENT OF CORRECTION
MENTAL HEALTH SERVICES
INFORMED CONSENT FOR ASSESSMENT AND TREATMENT

HCCF
INSTITUTION
Boaz, Pleasant Bay 473110 6-18-83
INMATE NAME TDOC NUMBER DATE OF BIRTH

I hereby authorize Elaine Kirk APR to perform the following assessment or treatment:
Dr. Kevin Turner MD

Use Layman's Terms

The type and extent of services that I will receive will be determined following an initial assessment and thorough discussion with me. The goal of the assessment process is to determine the best course of treatment for me.

I understand that a range of mental health professionals, some of whom are in training, provides mental health services. All professionals-in-training are supervised by licensed staff.

I understand that while psychotherapy and/or medication, may provide significant benefits, it may also pose risks. If medications are prescribed, the psychiatric provider and I have discussed:

- My Mental Health Condition
- The reasons for prescribing the medication, including the likelihood of my condition
- Improving or not improving without the medicine.
- Reasonable alternative treatments available for my condition.
- The type of medication that I will be receiving, the frequency and range of dosages, the method by which I will take the medication (shots or mouth), and duration of such treatment.
- The side effects of these drugs known to commonly occur and any particular side effects likely to occur in my particular case.

Psychological Services can have benefits and risks. Since therapy often involves discussing unpleasant aspects of my life, I may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits such as significant reductions in feelings of distress.

I acknowledge that no guarantee or assurance has been made as to the result that may be obtained.

If any unforeseen condition arises in the course of the intervention for the judgment of the practitioner for procedures in addition to or different from those now contemplated a new informed consent assessment and treatment will be obtained.

I have read and fully understand the terms of this consent.

Date: 08/21/12 Time: 1626 Boaz, Pleasant Bay
Signature of the inmate or person authorized to consent for inmate

Elaine Kirk APR
Signature of Practitioner and Professional Title

Signature of Practitioner and Professional Title

Witness: _____

CR-3766

Duplicate as Needed

RDA



TENNESSEE DEPARTMENT OF CORRECTION
PROBLEM ORIENTED - PROGRESS RECORD

HCC

INSTITUTION

INMATE NAME:

Pleasant - Bey Braz

INMATE NUMBER:

473110

DATE	TIME/PLACE	PROB NO.	
8/21/12	1624	S:	"DON'T Believe in taking pills" "Believe in herbs and prayers" Refuses any K - "pills -" Denies suicidal / homicidal ideations state he will pray ^{ok} and IF suicide thoughts occur he will not feel it but no current suicidal ideations A: Adjusted slightly instructed w/rd - enthyre R/O PTSD Psychologist talked with him but he states he not the type to talk.
		C:	no further mental health services evaluation unless requested by I/M

Elaine Kirk, A.P.N.
Psy-Mental Health N.P.

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CR-1834 (Rev. 5-01)

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RDA 1100



VEL E DEPARTMENT O. L. RRL ION
PROBLEM ORIENTED - PROGRESS RECORD
CCA - HARDEMAN COUNTY

INSTITUTION

INMATE NAME: Pleasant Bly Boaz

INMATE NUMBER: 473110

DATE	TIME/PLACE	PROB. NO.	
9/20/12	7:20 PM P.C.	5	I/V to 7/4/12 Interview
		0	I/M still has some PTSD 5xx related to arrest, public defenders trial but says he understands his reactions a little better. Has no complaints about placement in PC at this time; still hopes that his petitions to the court will reverse the verdict; says he'll know in 2 1/2 years whether the sentence of 20 years will remain; I/M said if he learns he'll have to serve the full 20 years, "I'm not sure I'll make it." Encouraged I/M to deal w his situation 1 day at a time.
		A	Adjustment of 10. NOS.
		P	Further interviews not scheduled. I/M says he'll contact me if he feels the need to talk things over.
			David R. Richie PhD



TENNESSEE DEPARTMENT OF CORRECTION
MENTAL HEALTH SCREENING REPORT

HCCF
INSTITUTION

INMATE NAME: Braz Pleasant-Bey NUMBER: 473110 SEX: Male
UNIT: Seg CELL: 16 DATE OF SCREENING: 8/16/12
TYPE OF SCREENING: 30 DAY SEGREGATION: 90 DAY SEGREGATION: OTHER: 3

MENTAL STATUS SCREENING:

YES	NO	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	INMATE/PATIENT EXHIBITED APPROPRIATE AFFECT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	THOUGHT PROCESS WAS ORDERLY AND RELEVANT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	PERCEPTION PROCESSES WERE INTACT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	INMATE/PATIENT WAS ORIENTED 4X, PERSON, PLACE, TIME, CIRCUMSTANCE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	MEMORY PROCESSES WERE INTACT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	JUDGEMENT & INSIGHT WERE WITHIN NORMAL LIMITS FOR THIS POPULATION

SUBJECTIVE/OBJECTIVE:

I/M seen in clinic on this evening I/M reports that he does not like to talk openly to others about his issues.

ASSESSMENT:

no acute mental illness

PLAN:

I/M does not want services - refuses to take medications. Dr. Turner has scheduled him to flu in 1 week

REFERRAL TO:

SIGNATURE OF MENTAL HEALTH PROFESSIONAL:

Stephane Tran MHC
Elukuth

TITLE
Elaine Kirk, A.P.N.
Psy-Mental Health N.P.

8-16-12
DATE

8/27/12



TENNESSEE DEPARTMENT OF CORRECTION
 PROBLEM ORIENTED - PROGRESS RECORD
 HCCF

INSTITUTION

INMATE NAME:

Pleasant - Ben Boaz

INMATE NUMBER:

473110

DATE	TIME/PLACE	PROB NO.	
8/14/21			1/ Mrs Wato
28 25		5	29 y.o. Black male no prior for sexual hist. He had visit S/I to meet Health center p he was involved in PABA incident. Pt report no pain w/ meet Health center. Pt report he has made suicide attempts over the years - (cut wrist, attempted hanging) Has been incarcerated since 2007. He reports pain hand evaluation by staff but no meet Health center on work - although He has been placed in Health Health section @ times. - He reports part of sexual abuse but not now He reports he is upset that recent incident was "leaked out" He is currently in PC. wants to return to general Population Facility more structured in PC. He denies S/I, denies sleep disturbance, Appetite OK - B/W/cons OK, energy level WNL - ATO - denies PMU - negative for meet D/O NOS - No Pain Pills, NKDA O MTS - verbal, organized, Meet of Health, Work & depend, tends to be excited to question, guarded S/I Paphu (A) Adjusted b/c NOS N/O Representations R/O PTOB (P) 1 FRO in Clinic - 1 week for eval 2 Pt returns medication or counseling @ this time

CR-1884 (Rev. 5-01)

Printed or Duplicate as Needed

Kevin Turner, MD, Psychiatric RDA 1100



TENNESSEE DEPARTMENT OF CORRECTION
INSTITUTIONAL MENTAL HEALTH SERVICES REFERRAL
CCA - HARDEMAN COUNTY

INSTITUTION

INMATE:

Pleasant-Bey Boaz

Last

First

Middle

NUMBER:

473110

PRESENTING PROBLEMS:

T/M assessed today by MTK during PREA investigation - T/M reports having suicidal thoughts often - desires current thoughts however he stated that he would not tell anyone if he became suicidal - very angry & irritated at time of assessment. He has past suicide attempts but reports past suicide attempts - file does not reveal any history

REFERRED BY:

Stephanie Mann, MTC

Signature/Title

Date

Time

SEND REFERRAL FORM TO INSTITUTIONAL MENTAL HEALTH COORDINATOR

RECEIVED BY:

Signature/Title Mental Health Professional

Date

Time

REFERRAL DISPOSITION (Course of Action):

Refer to MH clinic

DATE:

8/13/12

TIME:

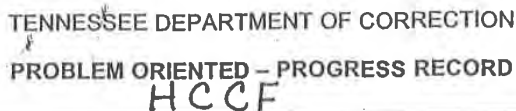
Signature/Professional Title

MTK

CR-3431 (Rev 3-01)

Duplicate-as-Needed

RDA 1100



INMATE NAME: Pleasant-Bey Boaz INMATE NUMBER: 473110

DATE	TIME/PLACE	PROB NO.
8/13/12	12:50 pm	
		MHC assessed I/M on this day due to an investigation. I/M reports that he became angry and wrote some things out of anger + reports that the situation escalated further than he expected. I/M is oriented x 4, presents with a lot of frustration and stated to MHC that he has suicidal thoughts all of the time. He reports that he is not having thoughts at this current time but would not tell someone if he started to have thoughts. I/M is not cooperative and reports that he is not going to comply with investigation. He states he is not going back to protective custody and is going to refuse a cell. He reports that he will feel safe in segregation. He is not currently on mental health medications and states that he is not going to take medications. MHC has instructed Ms. Henson to place I/M on property restriction until seen by mental health.

Do Not Write on Back

Health Kirk this
evening. RDA 1100
Stephanie Lram



TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED - PROGRESS RECORD

HCLF

INSTITUTION

INMATE NAME:

Pleasant-Bey Boaz

INMATE NUMBER:

473110

DATE	TIME/PLACE	PROB NO.	
7/11/12	7:01 PM P.C.	5	Referral via CR 7431
		0	WN 28 Y 10 BM NADA OX3 @ S/I @ H/I @ A/V 4al @ Delusions. Speech clear, articulate & good vocabulary. C/O flashbacks + night-terrors to events of his trial for rape of 12 Y/O. I/M states he was not guilty, refused to accept a plea bargain for 2 yrs + probation (now serving 22 years); feels that public defenders were negligent, unwilling to accept his story; he then served as his own atty + jury declared I/M guilty. Has been filing petitions to overturn the conviction (1st offense). In addition to flashbacks + night terrors, I/M reports tachycardia during flashbacks. Has never previously sought mental health socs + was hesitant to do so, but is puzzled, confused about his own reactions. I/M placed in PC for protection from gangs that target Muslims. Hx Cut wrist, 2010 (self-mutilated.)
		A P	R/O Post Traumatic Stress Disorder. Refer to Elaine Kirk, APRN for med evaluation. Follow up in 1 month for 1-1 counseling.
			David R. Dickie Ph.D.

Do Not Write on Back



TENNESSEE DEPARTMENT OF CORRECTION
INSTITUTIONAL MENTAL HEALTH SERVICES REFERRAL

MB 204
(PC)
x 26815

Pleasant-Bey, BOAZ HCCF
INSTITUTION

INMATE: Boaz Pleasant-Bey NUMBER: 473110
Last First Middle

PRESENTING PROBLEMS: PTSD issues - recurring
dreams, paranoia, anxious Reports
no hx of taking medications - has
a hx of suicidal thoughts. Reports
he slit his wrist in 2010. Does not
know if he wants to take medications.
Refer to Dr. Richie

REFERRED BY: Stephanie Lane 4-25-12
Signature/Title Date Time

SEND REFERRAL FORM TO INSTITUTIONAL MENTAL HEALTH COORDINATOR

RECEIVED BY: Richie MD
Signature/Title Mental Health Professional Date Time

REFERRAL DISPOSITION (Course of Action):

2/m seen. Note in chart

DATE: 7/11/12 TIME: 7:40 PM

David R. Richie MD
Signature/Professional Title

BI01MHS
WILLJE06

HCCF

TOMIS
MENTAL HEALTH SERVICE

DATE: 04/04/2011
TIME: 13:56
PAGE: 1

TOMIS ID: 00473110
OFFENDER NAME: PLEASANT-BEY, BOAZ
SERVICE DATE: 02/24/2011 TIME: 09:00:00 SERVICE SITE: WTSP
MAIN SERVICE TYPE: EVAL EVALUATION
SUB SERVICE TYPE: INCL INITIAL CLASSIFICATION
PSYCHOLOGICAL EXAMINER: YOST JR., PAUL G.

COMMENTS:

ACCESS TO THIS PSYCHOLOGICAL REPORT AND ITS CONTENTS IS RESTRICTED TO TDOC EMPLOYEES WHO: (1) HAVE ACCESS TO INMATE MEDICAL RECORDS/CHARTS AND (2) HAVE ACCESS TO MENTAL HEALTH SERVICES TOMIS SCREEN LHSM.

BOAZ IMMANUEL MOHAMMED PLEASANT-BEY IS A 27 YEAR OLD BLACK MALE ORIGINALLY FROM BALTIMORE MARYLAND. AT THE AGE OF 17 HE MOVED TO MEMPHIS. HE SPOKE OF BALTIMORE AS BEING A PLACE OF OPPORTUNITY AND HAS HAVING HIGHER FUNCTIONING PEOPLE.

INMATE PLEASANT-BEY'S PERFORMANCE WITH THE BETA III RESULTED IN A BETA IQ SCORE OF 79. HIS PERFORMANCE WITH THE TABE RESULTED IN GRADE EQUIVALENCY SCORES AS FOLLOWS: READING = 8.2, MATHEMATICS = 7.5, LANGUAGE = 5.0.

INMATE PLEASANT-BEY REPORTED BEING RAISED IN AN INTACT HOUSEHOLD. HIS STATEMENTS ABOUT HIS MOTHER SUGGESTED THAT SHE TENDS TO BE RATHER ALOOF BUT NEVERTHELESS HE ASSESSED HER AS BEING SUPPORTIVE AND INTELLIGENT. HE ALSO SPOKE OF HER AS SPIRITUAL. HE STATED THAT SHE IS A NURSE. HE MADE A POINT OF STATING THAT THE TWO OF THEM DO NOT HUG. HE SPOKE OF HIS FATHER AS A VERY STRICT MAN WHO WAS INCLINED TO REQUIRE PEOPLE TO DO AS HE SAID RATHER THAN AS HE DID. HE SAID HIS FATHER DID NOT DISPLAY AFFECTION. ALSO IN THE HOUSEHOLD WERE THREE YOUNGER SISTERS. INMATE PLEASANT-BEY STATED THAT HE GREW UP A VEGETARIAN AND ONLY BEGAN EATING MEAT AFTER HIS INCARCERATION.

INMATE PLEASANT-BEY REPORTED GRADUATING FROM HIGH SCHOOL ABOUT 1998. HE DENIED EVER BEING SUSPENDED OR EXPELLED.

INMATE PLEASANT-BEY STATED THAT HE HAS BEEN CONVICTED OF T.C.A.~39-13-522. MORE SPECIFICALLY HE HAS BEEN CONVICTED OF THE RAPE OF A THEN 12 YEAR OLD FEMALE. THIS IS HIS FIRST CONVICTION. HE STATED THAT HE DEFENDED HIMSELF AND HAD A JURY TRIAL. HIS SENTENCE IS FOR 22 YEARS. HE SAID THAT HE HOPES FOR A NEW TRIAL.

INMATE PLEASANT-BEY STATED THAT HE HAS BEEN DIVORCED SINCE 2006. HE DENIED HAVING CHILDREN.

INMATE PLEASANT-BEY STATED THAT FOR 4 YEARS HE WORKED AT A RETAIL STORE AND BECAME A MANAGER IN TRAINING.

BI01MHS
WILLJE06

TOMIS
MENTAL HEALTH SERVICE

DATE: 04/04/2011
TIME: 13:56
PAGE: 2

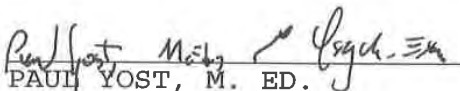
TOMIS ID: 00473110
OFFENDER NAME: PLEASANT-BEY, BOAZ

COMMENTS (CONTINUED):

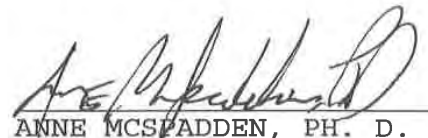
INMATE PLEASANT-BEY DENIED EVER DRINKING ALCOHOL. HE DENIED EVER USING ANY ILLICIT SUBSTANCE OR DRUG. INMATE PLEASANT-BEY STATED THAT HE WAS BEATEN WITH BOARDS AND BELTS BY BOTH PARENTS UNTIL HE WAS ABOUT 12 YEARS OF AGE. AT THE AGE OF 12 YEARS, PER HIS STATEMENTS, HIS BEHAVIOR CHANGED SO MUCH AND THE PUNISHMENTS CEASED.

INMATE PLEASANT-BEY DENIED EVER BEING A VICTIM OF SEXUAL ABUSE. IN HIS MIND HE HAS NEVER RAPE ANYBODY OR SEXUALLY ABUSED ANYONE. HE SAID HE IS INNOCENT. HE DID STATE THAT A JUDGE HAS TOLD HIM THAT HIS CONVICTION WAS NOT PROPERLY OBTAINED AND HE HOPES THAT THIS NEW JUDGE MAY GRANT HIM A NEW TRIAL.

INMATE PLEASANT-BEY DENIED EVER ATTEMPTING SUICIDE AND STATED HE KNOWS OF NO BLOOD RELATIVE WHO HAS. HIS STATEMENTS WERE NEGATIVE WITH REGARD TO ANY FORMAL PSYCHIATRIC HISTORY, SYMPTOMS, OR HOSPITALIZATIONS. HE DENIED EVER HAVING HAD VERY STRANGE OR BIZARRE EXPERIENCES SUCH AS AUDITORY OR VISUAL HALLUCINATIONS. HIS STATEMENTS WERE NEGATIVE WITH REGARD TO ANY SYMPTOMS CONSISTENT WITH A SEIZURE DISORDER.


PAUL YOST, M. ED.
PSYCHOLOGICAL EXAMINER II

PY/AM/JW


ANNE MCSPADDEN, PH. D.
PSYCHOLOGIST-HEALTH SERVICES
PROVIDER

** END OF REPORT **

Title VI (Please Investigate Thoroughly. It's a serious issue that can make this a better facility.)



TENNESSEE DEPARTMENT OF CORRECTION

INMATE GRIEVANCE

Boaz Pleasant-Bey
NAME

473110
NUMBER

J.T.C.C. / EA 205
INSTITUTION & UNIT

DESCRIPTION OF PROBLEM: Core Civic America ("CCA") has racially bias, sexually bias customs in housing straight, black, religious or studious men who have a respectful manner of conducting themselves (my description).

REQUESTED SOLUTION: For CCA administration to give me a equal oppertunity to be housed according to my race, sexual preference, demeanor and productive activities as they house whites, gays, etc.

Boaz Pleasant-Bey
Signature of Grievant

4/28/18
Date

TO BE COMPLETED BY GRIEVANCE CLERK

3193/325686
Grievance Number

5/22/18
Date Received

Sgt. L. Cockrell
Signature Of Grievance Clerk

INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE: _____

AUTHORIZED EXTENSION: _____

New Due Date

Signature of Grievant

INMATE GRIEVANCE RESPONSE

Summary of Supervisor's Response/Evidence: _____

Chairperson's Response and Reason(s): _____

DATE: _____

CHAIRPERSON: _____

Do you wish to appeal this response? ☒ YES ☐ NO

If yes: Sign, date, and return to chairman for processing within five (5) days of receipt of first-level response.

Boaz Pleasant-Bey
GRIEVANT

6/6/18
DATE

WITNESS

Distribution Upon Final Resolution:

White - Inmate Grievant

Canary - Warden

Pink - Grievance Committee

Goldenrod - Commissioner (if applicable)

1. The first part of the document is a list of names and addresses of the persons who have been notified of the hearing. The names are listed in alphabetical order, and the addresses are listed in the order in which they were received. The names are: [illegible]

2. The second part of the document is a list of names and addresses of the persons who have been notified of the hearing. The names are listed in alphabetical order, and the addresses are listed in the order in which they were received. The names are: [illegible]

3. The third part of the document is a list of names and addresses of the persons who have been notified of the hearing. The names are listed in alphabetical order, and the addresses are listed in the order in which they were received. The names are: [illegible]

4. The fourth part of the document is a list of names and addresses of the persons who have been notified of the hearing. The names are listed in alphabetical order, and the addresses are listed in the order in which they were received. The names are: [illegible]

5. The fifth part of the document is a list of names and addresses of the persons who have been notified of the hearing. The names are listed in alphabetical order, and the addresses are listed in the order in which they were received. The names are: [illegible]

6. The sixth part of the document is a list of names and addresses of the persons who have been notified of the hearing. The names are listed in alphabetical order, and the addresses are listed in the order in which they were received. The names are: [illegible]

7. The seventh part of the document is a list of names and addresses of the persons who have been notified of the hearing. The names are listed in alphabetical order, and the addresses are listed in the order in which they were received. The names are: [illegible]

★ Errors in housing inmates affect the level of violence and peace and productivity towards increasing or decreasing recidivism rates. I should be housed around like minded people without being put in "The Ghetto" every time.



TENNESSEE DEPARTMENT OF CORRECTION
INMATE GRIEVANCE

(continuation sheet)

DESCRIPTION OF PROBLEM: On 4/24/18, I was profiled in the CCA system as a straight, black male 34 years old. I was forced in E-Unit (which was on lockdown due to gang violence). I just arrived at Trowdale Turner Corr. Center a week ago.

About 6 years ago, I was housed at Hardeman Co. Corr. Facility and Whiteville Corr. Facility. I was profiled the exact same way and at Hardeman County, I was housed in I-Unit (called "Iraq" by the inmates due to the high level of gang violence there) and at Whiteville I was housed in G-Unit (called the "Gangstar Unit" by the inmates due to the high level of gang violence there). Every CCA facility racially and sexually profiles me and automatically, I'm placed in "The Hood" or "The Ghetto" Units where the violence is extremely high. I am never classified according to my studies in Law, my studies of Arabic and Spanish languages and my religious studies and my respectful kind demeanor (character and language). CCA will house a homosexual inmate in a calm, safe Unit and throw a person like me in "The Hood" or "The Ghetto". Why isn't there a pod or Unit to house men (straight men) like I who study languages, religion, law and other progressive things? I always get racially profiled and stuck in the Ghetto Units (every time) making me more prone to be the victim of Gang violence or have to defend myself against such violence.

I noticed that when I was taken to the lockdown E-Unit, a few white inmates were moved to W-Unit (a well-behaved Unit that hardly ever goes on lockdown). A homosexual male was taken to C-Unit. Why do I have to be punished and taken to a lockdown Unit or a pod where high levels of violence occur? CCA has bias policies and/or customs of housing straight, black men who conduct themselves in a respectful manner and educate themselves. I fit this description and I always get punished for it.

No offense, but I will pursue this issue under the XIVth Amend. Equal Protection Clause and Title VI if CCA does not create policies/customs for housing men like me around each other as equally as they house gays and whites in that way. If this is not addressed, it will be in Court.

Distribution Upon Final Resolution:

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner (if applicable)



TENNESSEE DEPARTMENT OF CORRECTION

Title VI Complaint Investigation Form

Date Complaint Received:

5/22/18

Complainant's Name (and TDOC number, if applicable), Facility and/or Address:

Inmate Boaz Pleasant-Bey # 473110
Trousdate Turner Correctional Center
140 Mason Way
Hartsville, TN 37074

Facility/Site Involved in Complaint:

Trousdate Turner Correctional Center

Nature of Complaint:

Inmate Pleasant-Bey states that
he is being discriminated against by Corrine
racially bias/sexually.

Date of Interview with Complainant:

Interview via: ☐ Telephone ☒ In-Person ☐ Other (specify) _____

Summary of Interview with Complainant:

WTT/Atman will review
classification and security level of inmate
Pleasant-Bey to determine discrimination.

Other Interviews Conducted:

Date:

1. I request - that the information regarding the
proposed project be made available to the public.
The project is located in the area of the
project is located in the area of the project.

2. I request - that the information regarding the
proposed project be made available to the public.
The project is located in the area of the
project is located in the area of the project.

3. I request - that the information regarding the
proposed project be made available to the public.
The project is located in the area of the
project is located in the area of the project.

2/25/18



TENNESSEE DEPARTMENT OF CORRECTION

Title VI Complaint Investigation Form

Interviewee's Address and Telephone Number:

140 Mason Way
Hartsville, TN 37074
615 808 0400

Interviewer's Name and Position:

Yolanda Pittman, Assistant Warden

Interview via:

☐

Telephone

☐

In-Person

☐

Other (specify)

Summary of Interview:

It was noted that inmate Pleasant-bay is not being discriminated against because of racial or sexual. Inmate is being housed accordingly per policy and procedures.

Resolution/Action Taken (include dates, names, etc.):

This is not deemed a Title VI grievance.

Please attach copies of the complaint, statements of involved parties and witnesses, and response to complainant, etc.

Note: If the offender is no longer at the institution that the Title VI complaint originated, please contact the Title VI Site Coordinator to schedule an interview by phone at his/her current location. If the offender is no longer on community supervision, please contact the Title VI Site Coordinator to schedule an interview by phone. Indicate the Title VI Site Coordinator's name on the document.

Attach Additional Sheets if Necessary

1950 10 10 9:00 AM

[Faint, illegible handwritten notes at the bottom of the page.]

[Handwritten signature]

192808 0100

Handwritten notes at bottom:
 1968-70
 1968-70



EA205

3193

MEMO

Inmate Name: Boaz Pleasant-Bey

TDOC Number: 473110

Institution: TTCC

TOMIS Grievance Number: 325686

Title VI Tracking Number: T6-18-5313

Level II-Title VI Coordinator's Response and Reasons:

Upon receipt and review of the *Title VI Grievance #325686*, a determination was made that inmate Pleasant-Bey's (#473110) contention of a Title VI violation could not be substantiated. Per the findings, inmate Pleasant-Bey (#473110) fails to support his allegation of discriminatory treatment based on the grounds of race, color, or national origin.

Nonetheless, there was no evidence found to substantiate that discriminatory treatment was practiced or that any policy violations occurred.

☒ Concur with Associate/Assistant Warden ☐ Concur with Supervisor ☐ Remedy

06/19/18

Date

Vashti Holt, TDOC Title VI Coordinator



MEMO

Inmate Name: Boaz Pleasant-Bey TDOC Number: 473110
Institution: TTCC Housing Unit: _____
Institution Grievance Number: T6-18-5313 TOMIS Grievance Number: 325686

Commissioner's Response and Reasons:

Level III Response and Reasons:

The circumstances surrounding the alleged incident do not substantiate a Title VI Violation. Inmate Boaz Pleasant-Bey #473110 fails to support his allegation of discriminatory treatment prohibited by the three protective classes (race, color, and national origin) under the Title VI-Civil Rights Act of 1964. Therefore, inmate Pleasant-Bey's contention of a Title VI Violation has been determined to be unsubstantiated.

The Assistant Commissioner of Prison Operations concurs with the decision of the Central Office Title VI Coordinator; therefore, the appeal request in reference to the Title VI Grievance #325686 has been denied.

Appeal Remanded: Yes ☐ or No ☒

07/09/18

Date


Assistant Commissioner of Prisons

DS-oth-4

Department of Correction • 6th Floor Rachel Jackson Building • 320 Sixth Avenue North •
Nashville, TN 37243 • Tel: 615-253-8180 • Fax: 615-253-1668 • tn.gov/Correction

Religious Grievance / Under: 42 USC § 2000cc (a) (1) (A) (1) (B);
Religious Discrimination 42 USC § 2000cc (b) (2); U.S. Const. Amend. XIV
Title VII (7) (Religious Discrimination)



TENNESSEE DEPARTMENT OF CORRECTION
INMATE GRIEVANCE

Boaz Pleasant-Bey
NAME

473110
NUMBER

T.T.C.C./EA-205
INSTITUTION & UNIT

DESCRIPTION OF PROBLEM: C.C.A., TDOC, Warden Russell Washburn, Jason Medlin, Tim Odell, Jon Shoneberger Jr., AlW Yolanda Pittman, and Trinity Service Group Inc. have all placed substantial burdens upon a lot of my religious exercise.

REQUESTED SOLUTION: For the abovenamed persons and entities to refrain from placing substantial burdens upon my religious exercises at T.T.C.C. and imposing discriminatory customs, policies and practices on the Islamic Faith.

Boaz Pleasant-Bey
Signature of Grievant

6/18/18
Date

TO BE COMPLETED BY GRIEVANCE CLERK

3381/326774
Grievance Number

6/28/18
Date Received

Sgt. L. Cockrell
Signature Of Grievance Clerk

INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE:

AUTHORIZED EXTENSION:

New Due Date

Signature of Grievant

INMATE GRIEVANCE RESPONSE

Summary of Supervisor's Response/Evidence:

Chairperson's Response and Reason(s):

DATE:

CHAIRPERSON:

Do you wish to appeal this response?

☒

YES

☐ NO

If yes: Sign, date, and return to chairman for processing within five (5) days of receipt of first-level response.

Boaz Pleasant-Bey
GRIEVANT

7/23/18
DATE

WITNESS

Distribution Upon Final Resolution:

White - Inmate Grievant

Canary - Warden

Pink - Grievance Committee

Goldenrod - Commissioner (if applicable)



TENNESSEE DEPARTMENT OF CORRECTION
INMATE GRIEVANCE (continuation sheet)

DESCRIPTION OF PROBLEM:

Core Civic America ("C.C.A."), Warden Washburn, CCA Regional Managing Director Jason Medlin, CCA National Chaplain Tim Odell, Chaplain Jon Shonebarger Jr., Assistant Warden of Treatment Yolanda Pittman, Trinity Service Group, Inc. ("Trinity Foods") and TDOC have all placed substantial burdens upon my religious exercise at Trousdale Turner Correctional Center and have discriminated against my Islamic faith in violation of 42 U.S.C. § 2000cc et seq., U.S. Const. Amend. I and XIV (Equal Protection Clause) in almost every way that I can practice my faith while I'm being housed at T.T.C.C.

1.) I believe in purchasing Islamic items, materials and educational materials from Islamic Vendors. I am being forced to purchase all of my Islamic items, materials and Quran from Union Supply Direct a known Christian Company.; 2.) Islam prohibits me from buying or selling Riba (Usury), over priced materials, products, etc.; (Quran 2:281), and Union Supply oppressively over prices Qurans, cheap child size prayer rugs, Miswak sticks, Kufis; 3.) Union Supply Direct does not sell Islamic Emblems, but they sell Emblems for Jewish and Christian inmates and I'm not being allowed to purchase Islamic Emblems from an Islamic Vendor.; 4.) On 4/12/18, Warden Washburn signed a inhouse policy memorandum for CCA recommended by Chaplain Jon Shonebarger Jr. that has the Quran as a prohibited book not allowed to enter T.T.C.C.!! Jon Shonebarger Jr. said he told Warden Washburn that The Quran, books of The 99 Names of Allah and other Islamic books are "security threat books". The Bible is allowed to enter T.T.C.C. and this is religious discrimination and violation of the 1st Amendment.; 5.) The "approved vendors" for T.T.C.C. as approved by Warden Washburn are mostly Online companies that do not accept inmate checks. I do not have internet access and cannot display (view) the books of those companies. The Islamic Bookstore and Halalaco books are not allowed to send books here.; 6.) I am not allowed to purchase from Islamic Vendors Adultsized Traditional Islamic Prayer Rugs, Traditional Islamic Kefiya (head scarfs), Traditional Kufis, Traditional Islamic Prayer Oils (the current prayer oil sold by Union Supply is flammable prayer oil in violation of TDOC policy 118.01), traditional Halal soaps used by most Muslims, non-alcoholic deodorants, Halal hygiene products, Halal honey, beeswax

Distribution Upon Final Resolution:

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner (if applicable)
CR-1394 (Rev. 3-00) Page 2 of 2

RDA 2244



TENNESSEE DEPARTMENT OF CORRECTION
INMATE GRIEVANCE (continuation sheet)

DESCRIPTION OF PROBLEM:

and Halal cosmetics that do not contain haram (unlawful) ingredients and animal by products. ; 7.) 42 USC § 2000 (b)(1) prohibits treating a religious group or assembly on less-than-equal terms than a non-religious group or assembly. In violation of 42 U.S.C. § 2000cc (b)(1) the above persons and entities are allowing T.T.C.C. general population of inmates to purchase beef, chicken (summer sausages, chicken pouches, etc.) but are prohibiting Muslim inmates from purchasing Halal beef and Halal chicken products from Islamic Vendors. ; 8.) Islamic Sponsors (Outside Sponsors) are forced to go through the mandatory TDC process of becoming a sponsor and Chaplin Shonebarger is forcing them to go through additional "CCA" process and procedures he created to "deter" outside Islamic sponsors. Chaplin Shonebarger is being oppressive and unfair to Islamic outside sponsors causing Muslims to have no sponsor at T.T.C.C. ; 9.) The above persons and entities are not allowing any food to be donated from outside sponsors for the Ramadan Fast and Eid Ul Fitr feast. They are forcing Muslims to use Trinity Service Group Inc. for the providers of Islamic feasts and they did not provide a feast at the end of the Ramadan fast of 2018 on June 15th, 16th or 17th of 2018. The facility was locked down which prohibited the congregational aspect of the feast, but did not prohibit them from serving trays of the food for the Eid Ul Fitr feast as they fed the general population 3 meals each day T.T.C.C. was locked down. Thus, I was deprived of Eid Ul Fitr Feast for 2018 because it must be held within the 3 days after the Ramadan Fast of 2018. They do not allow traditional Halal Lamb, dates, organic honey, tamaran fruits and other traditional Halal foods at the Eid Ul Fitr feast. ; 10.) Christian services are allotted at least an hour (plus, hour 1/2) of service and Ta'leem services have been reduced to 45 min. and sometimes 30 min. of service. ; 11.) Islamic customs allow Muslims to invite non-Muslims to fast during Ramadan, but Non-Muslims are not allowed to fast during the Holy Month of Ramadan. Almost every way, I am being substantially burdened or discriminated against in practicing my faith at T.T.C.C.

Distribution Upon Final Resolution:

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner (if applicable)
CR-1394 (Rev. 3-00) Page 2 of 2

RDA 2244

 **CoreCivic**
Trousdale Turner Correctional Facility
140 Macon Way
Hartsville, TN 37074
615-808-0400

3341
EA205

Memorandum

TO: Title VI Coordinator, Y. Pittman
FROM: SGT. B. PIERCE, GRIEVANCE CHAIRPERSON
SUBJECT: *Boaz - Pleasant Bay*
DATE: Date: *6/28/18* Due: *7/6/18*

The above grievance was filed as a Title VI grievance. Please review to see if the information provided warrants filing in this manner

☐ File as a Title VI
☒ Grievance does not meet Title VI qualifications

Sgt. L. Cockrell
Grievance Chairperson

6/28/18
Date:

Y. Pittman
Title VI Coordinator

7/5/18
Date:



TENNESSEE DEPARTMENT OF CORRECTION
Title VI Complaint Investigation Form

Date Complaint Received: _____

6/28/18

Complainant's Name (and TDOC number, if applicable), Facility and/or Address: _____

Inmate Boaz-Pleasant-Bey
Transdale Turner Correctional Center
140 Mason Way
Hartsville, TN 37074

Facility/Site Involved in Complaint: _____

Transdale Turner Correctional Center

Nature of Complaint: _____

Inmate Boaz-Pleasant-Bey states
that he is being discriminated against by
not being allowed to order religious items
from Union Supply.

Date of Interview with Complainant: _____

Interview via: ☐ Telephone ☐ In-Person ☐ Other (specify) _____

Summary of Interview with Complainant: _____

Anti-Arman will conduct
review to determine discrimination.

Other Interviews Conducted: _____

Date: _____



TENNESSEE DEPARTMENT OF CORRECTION

Title VI Complaint Investigation Form

Interviewee's Address and Telephone Number:

Hartsville, TN 37074

148 Mason Way

1615 808 0400

Interviewer's Name and Position:

Ylanda Farmer, Assistant Warden

Interview via: ☐ Telephone ☐ In Person ☐ Other (specify) _____

Summary of Interview:

It was noted that inmate Boaz-Heagert-By is not being discriminated against. The facility has an authorized supplier vendor list that not only consist of union supply.

Resolution/Action Taken (include dates, names, etc.):

a Title II grievance.

This is not deemed

Please attach copies of the complaint, statements of involved parties and witnesses, and response to complainant, etc.

Note: If the offender is no longer at the institution that the Title VI complaint originated, please contact the Title VI Site Coordinator to schedule an interview by phone at his/her current location. If the offender is no longer on community supervision, please contact the Title VI Site Coordinator to schedule an interview by phone. Indicate the Title VI Site Coordinator's name on the document.

Attach Additional Sheets if Necessary

Tennessee Department of Correction
Title VI Appeal

Grievance # 3381/326774

Inmate Name Boaz Pleasant-Bey TDOC # 473110

Per Policy 501.01 (L)(9) all inmates that appeal the decision of the Title VI Coordinator shall specify the reason for the appeal. State the reason for your appeal below, specifying why you feel the decision of the Title VI Coordinator was incorrect and sign and date this for.

- 1.) I did not file a Title VI, but a religious discrimination under Title VII (7).
- 2.) On 4/12/18, Warden Washburn and Chaplain Tony Shonebarger signed a Memorandum to prohibit the Quran from entering T.T.C.C. by Union Supply (See Attached Memorandum)
- 3.) Moreover, all other issues were not addressed by Mrs. Pittman in my grievance. Please address the issues.

Boaz Pleasant-Bey
Signature

7/23/18
Date

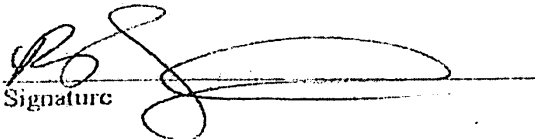
Tennessee Department of Correction
Title VI Appeal

Grievance # 338A/386774

Inmate Name Boaz Pleasant Bey TDOC # 473110

Per Policy 501.01 (L)(9) all inmates that appeal the decision of the Title VI Coordinator shall specify the reason for the appeal. State the reason for your appeal below, specifying why you feel the decision of the Title VI Coordinator was incorrect and sign and date this for.

Nothing has been properly investigated. Please review the issue. I cannot order from other vendors any of my religious books. Title VII (7) is for religious discrimination. I have a religious claim.


Signature

8/21/18
Date

1369

EA205



MEMO

Inmate Name: Boaz Pleasant-Bey TDOC Number: 473110
Institution: TTCC TOMIS Grievance Number: 326774
Title VI Tracking Number: T6-18-5426

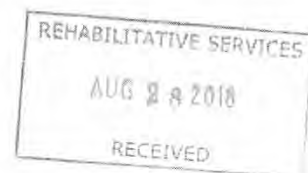
Level II-Title VI Coordinator's Response and Reasons:

Upon receipt and review of the *Title VI Grievance #326774*, a determination was made that inmate Pleasant-Bey's (#473110) contention of a Title VI violation could not be substantiated. Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving federal financial assistance and does not specifically relate to religious rights and rights to worship. Therefore, inmate Pleasant-Bey's (#473110) complaint does not meet the standard of a Title VI grievance.

☒ Concur with Associate/Assistant Warden ☐ Concur with Supervisor ☐ Remedy

08/09/18
Date

Vashti Holt, TDOC Title VI Coordinator



Department of Correction • 6th Floor Rachel Jackson Building • 320 Sixth Avenue North •
Nashville, TN 37243 • Tel: 615-741-1000 • Fax: 615-532-8281 • tn.gov/Correction

REG 1 PPO
Pittman



TENNESSEE DEPARTMENT OF CORRECTION
INMATE GRIEVANCE

Boaz Pleasant-Bey 473110 T.T.C.C./EA-205
NAME NUMBER INSTITUTION & UNIT

DESCRIPTION OF PROBLEM: Ms. Poch told Case Manager Jones that Anis a Harvey
quit her job and disposed of all documentation relating to lost
property claims, and I cannot have my claim investigated again.

REQUESTED SOLUTION: To allow me to repurchase another dual cassette
/cd player because the school teacher dropped my dual
cassette/cd player and broke it upon my arrival at T.T.C.C.

Boaz Pleasant-Bey 10/24/18
Signature of Grievant Date

=====

TO BE COMPLETED BY GRIEVANCE CLERK

3717-329777 10-27-18 Sgt. L. Cichnell
Grievance Number Date Received Signature Of Grievance Clerk

INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE: _____

AUTHORIZED EXTENSION: _____
New Due Date Signature of Grievant

=====

INMATE GRIEVANCE RESPONSE

Summary of Supervisor's Response/Evidence: _____

Chairperson's Response and Reason(s): _____

DATE: _____ CHAIRPERSON: _____

Do you wish to appeal this response? ☒ YES ☐ NO

If yes: Sign, date, and return to chairman for processing within five (5) days of receipt of first-level response.

[Signature] 11/14/18 [Signature]
GRIEVANT DATE WITNESS

Distribution Upon Final Resolution:

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner (if applicable)



TENNESSEE DEPARTMENT OF CORRECTION
INMATE GRIEVANCE (continuation sheet)

DESCRIPTION OF PROBLEM:

In April of 2018, I arrived at T.T.C.C. from Turney Center Industrial Complex. Upon my arrival in intake, a school teacher mishandled my dual cassette / cd player and dropped it, causing my cd player and my tape player to break. I only use it for religious use and I've had it for over 6 years. I immediately filed a damaged property claim with all the original receipts and documentation of ownership. On 10/24/18, I asked Case Manager Jones to call Anisa Harvey, the investigator of my damaged property claim. Case Manager Jones stated Ms. Harvey quit. He called Ms. Poch, the new investigator for property claims. Ms. Poch told Case Manager Jones, "Anisa Harvey destroyed all of the original documentation of all the damaged property claims and quit her job." Ms. Poch said, "There is nothing that can be done about it." My property list shows my Dual Cassette / CD Player, but I no longer have the receipts because Ms. Harvey destroyed them. That's not my fault and all I ask is for another opportunity to repurchase the damaged dual cd/cassette player I have. I only use it for religious use and I am entitled to relief despite her unprofessional behavior.

Distribution Upon Final Resolution:

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner (if applicable)
CR-1394 (Rev. 3-00) Page 2 of 2 RDA 2244



TENNESSEE DEPARTMENT OF CORRECTION
INMATE GRIEVANCE RESPONSE

Boaz Pleasant-buy
NAME

473110
NUMBER

TTC EA205
INSTITUTION & UNIT

3717/329 117
GRIEVANCE NUMBER

Summary of Evidence and Testimony Presented to Committee

Grievance and supervisor response reviewed.

Inmate Grievance Committee's Response and Reasons

Concur with supervisor

11/19/18
DATE

Sgt. L. Cickrell
CHAIRMAN

Ph. T. Knepp
MEMBER

MEMBER

Sgt Middleton
MEMBER

C. M. Jackson
MEMBER

Warden's Response: Agrees with Proposed Response ☒

Disagrees with Proposed Response ☐

If Disagrees, Reason(s) for Disagreement

Action Taken:

DATE: 11/20/18

WARDEN'S SIGNATURE: [Signature]

Do you wish to appeal this response? ☒ YES ☐ NO

If yes: Sign, date, and return to chairman for processing. Grievant may attach supplemental clarification of issues or rebuttal/reaction to previous responses if so desired.

[Signature]
GRIEVANT

11/20/18
DATE

A. J. Jammis
WITNESS

Commissioner's Response and Reason(s):

DATE

SIGNATURE

Distribution Upon Final Resolution:

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner

CR-1393 (Rev. 3-00)

RDA 2244



TENNESSEE DEPARTMENT OF CORRECTION
RESPONSE OF SUPERVISOR OF GRIEVED EMPLOYEE OR DEPARTMENT

DATE: 10-27-18

Please respond to the attached grievance, indicating any action taken.

Date Due: 10-31-18

3771/329777
Grievance Number

Boaz Pleasant-bey
Inmate Name

473110
Inmate Number

Inmate Pleasant-bey upon review of your
submitted claim, there was no proof of ownership
so the claim was denied. Claim # 2018-1164

Wanda Pittman, SWT
SIGNATURE

10/31/18
DATE

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner

1443



RECEIVED
TENNESSEE DEPARTMENT OF CORRECTION
INMATE GRIEVANCE RESPONSE

NOV 26 PM 1:30

OPERATIONS

Bonz Pleasant-boy 473110 TCC EAD5 3917/329777
NAME NUMBER INSTITUTION & UNIT GRIEVANCE NUMBER

Summary of Evidence and Testimony Presented to Committee Grievance and supervisor
response reviewed.

Inmate Grievance Committee's Response and Reasons Concur with supervisor

11/19/18 Sgt. R. Cockrell J. T. Kemp
DATE CHAIRMAN MEMBER
Brink Russell Sgt Middleton C/M Jackson
MEMBER MEMBER MEMBER

Warden's Response: Agrees with Proposed Response ☒

Disagrees with Proposed Response ☐

If Disagrees, Reason(s) for Disagreement

Action Taken:

DATE: 11/20/18

WARDEN'S SIGNATURE: [Signature]

Do you wish to appeal this response? ☒ YES ☐ NO

If yes: Sign, date, and return to chairman for processing. Grievant may attach supplemental clarification of issues or rebuttal/reaction to previous responses if so desired.

[Signature] 11/20/18 A. Jammis
GRIEVANT DATE WITNESS

Commissioner's Response and Reason(s):

DATE

SIGNATURE

Distribution Upon Final Resolution:

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner

CR-1393 (Rev. 3-00)

RDA 2244

1443



MEMO ✓

3717

Inmate Name: Boss Pleasant - Bos TDOC Number: 428110
Institution: 77CL Housing Unit: FA 205
Institution Grievance Number: 370 TOMIS Grievance Number: 325777

Commissioner's Response and Reasons:

The response of the Committee is appropriate.

The grievant failed to substantiate allegation(s) presented to the satisfaction of the Grievance Committee. Additional information has not been presented which indicates the Level 2 response was inappropriate.

☒ Concur with Warden ☐ Concur with Supervisor ☒ Appeal Denied

11-27-18
Date

Lee Roberts
Acting Assistant Commissioner of Prisons

TP-10

Department of Correction • 6th Floor Rachel Jackson Building • 320 Sixth Avenue North •
Nashville, TN 37243 • Tel: 615-253-8180 • Fax: 615-253-1668 • tn.gov/Correction



INMATE GRIEVANCE

Boaz Pleasant-Bey 473110 T.T.C.C./EA-205
NAME NUMBER INSTITUTION & UNIT

DESCRIPTION OF PROBLEM: Computer #1 and #2 are broken in the Library and have been broken for over 90 days. Promises of having them "fixed" have been made with no help.

REQUESTED SOLUTION: To replace Computer #1 and #2 in the Library and bring 2 computers from Wiskij Unit into the Law Library in M-Unit for the legal inmates.

Boaz Pleasant-Bey 12/03/18
Signature of Grievant Date

TO BE COMPLETED BY GRIEVANCE CLERK

3936/33168 1/11/19 Sgt. L. Cickruci
Grievance Number Date Received Signature Of Grievance Clerk

INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE:

AUTHORIZED EXTENSION: New Due Date Signature of Grievant

INMATE GRIEVANCE RESPONSE

Summary of Supervisor's Response/Evidence: We are aware of the problem and working to resolve it as we move forward into 2019. Unready

Chairperson's Response and Reason(s):

DATE: CHAIRPERSON:

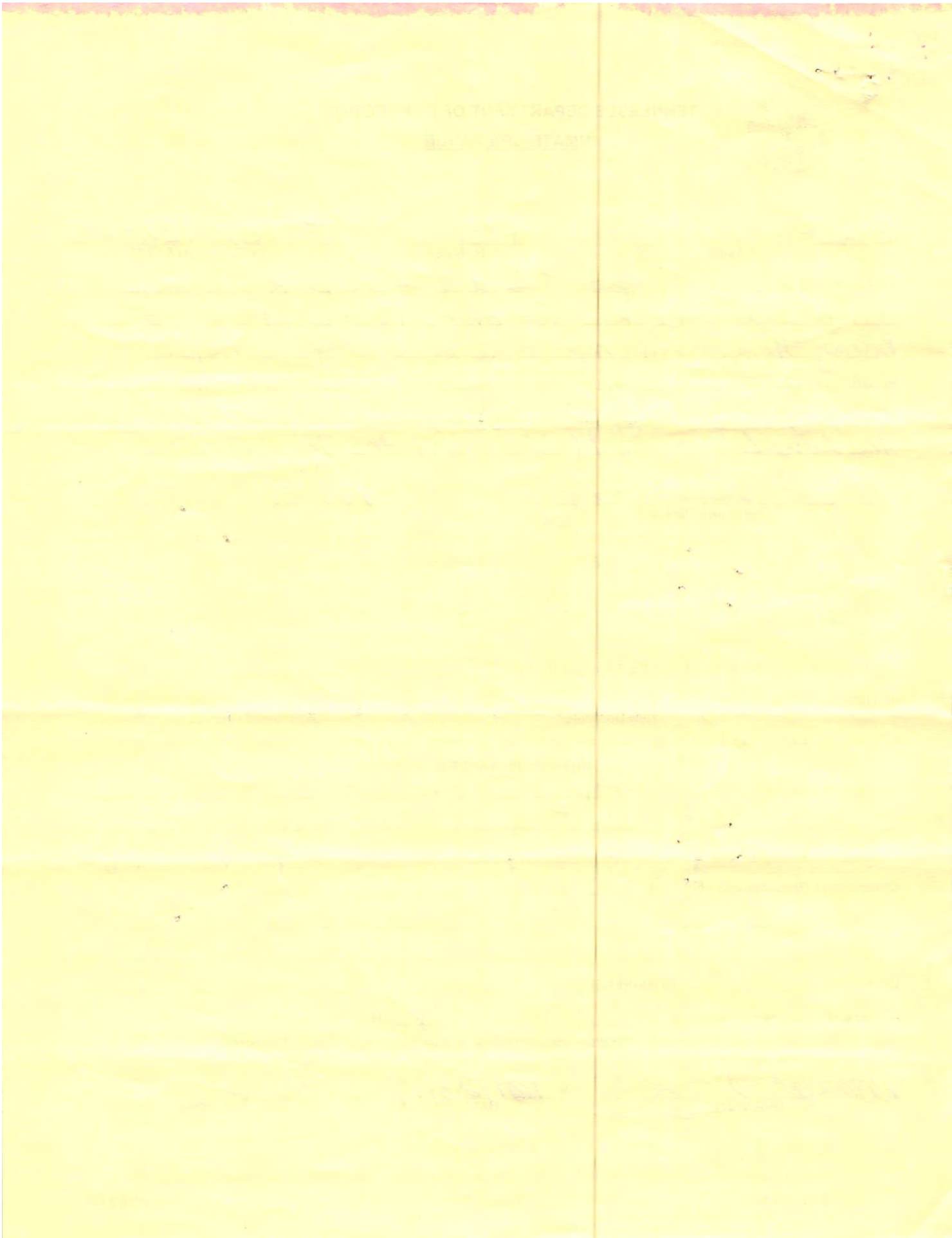
Do you wish to appeal this response? YES NO

If yes: Sign, date, and return to chairman for processing within five (5) days of receipt of first-level response.

Boaz Pleasant-Bey 1/23/19 L. Mark
GRIEVANT DATE WITNESS

Distribution Upon Final Resolution:

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner (if applicable)





TENNESSEE DEPARTMENT OF CORRECTION
INMATE GRIEVANCE (continuation sheet)

DESCRIPTION OF PROBLEM:

ACA Standards failed T.T.C.C.'s Law Library because they do not have enough computers for the inmate population of 2,500 people. Also, computer #1 and #2 are not working. Computer #1 has been broken for over 3 months and it's not being fixed. This places more pressure on the inmate population to have less time on less legal computers.

There are plenty of computers in Wisky Unit that are not being used and collect dust. If the computers #1 and #2 can be replaced with 2 computers in Wisky Unit and placing 2 additional computers will help to serve the legal needs of the inmate population. If 4 more computers from Wisky Unit were placed in the Law Library in M-Unit it would help to pass ACA Standards and meet the legal needs of the inmate population.

Distribution Upon Final Resolution:

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner (if applicable)
CR-1394 (Rev. 3-00) Page 2 of 2 RDA 2244



TENNESSEE DEPARTMENT OF CORRECTION
RESPONSE OF SUPERVISOR OF GRIEVED EMPLOYEE OR DEPARTMENT

DATE: 1/11/19

Please respond to the attached grievance, indicating any action taken.

Date Due: 1/16/19

3936/331686
Grievance Number

Boaz Pleasant-bey
Inmate Name

473110
Inmate Number

We are very aware of the problem and working on it. In the meantime, there are alternate ways of getting legal responses ready by handwriting drafts or using the library's typewriters. The library is currently working with six other computers while the other equipment is repaired or replaced.

Wendy J. Boyd-Principal
SIGNATURE

1/14/19
DATE

Religious Grievance
REC
Pittman



TENNESSEE DEPARTMENT OF CORRECTION
INMATE GRIEVANCE

Boaz Pleasant-Bey 473110 T.T.C.C./EA-205
NAME NUMBER INSTITUTION & UNIT

DESCRIPTION OF PROBLEM: TDOC, Chris Brun, Warden Washburn, Tim Odell, Chaplains Shoneberger and Simic all deprived me of Traditional Halal Foods at the Id Ul Fitr Feast of 2019.

REQUESTED SOLUTION: To provide an Id Ul Fitr Feast with traditional Halal Foods and without Haram (Forbidden) Foods.

Boaz Pleasant-Bey 6/5/19
Signature of Grievant Date

=====

TO BE COMPLETED BY GRIEVANCE CLERK

44114/335385 6/7/19 Sgt. L. Cochran
Grievance Number Date Received Signature Of Grievance Clerk

INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE: 9.20.19
AUTHORIZED EXTENSION: 11/1/19 Boaz Pleasant-Bey
New Due Date Signature of Grievant

=====

INMATE GRIEVANCE RESPONSE

Summary of Supervisor's Response/Evidence: _____

Chairperson's Response and Reason(s): _____

DATE: 11/1/19 CHAIRPERSON: _____

Do you wish to appeal this response? ☒ YES ☐ NO

If yes: Sign, date, and return to chairman for processing within five (5) days of receipt of first-level response.

Boaz Pleasant-Bey 11/1/19 _____
GRIEVANT DATE WITNESS

Distribution Upon Final Resolution:

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner (if applicable)

CR-1394 (Rev. 3-00)

Page 1 of 2

RDA 2244



TENNESSEE DEPARTMENT OF CORRECTION
INMATE GRIEVANCE (continuation sheet)

DESCRIPTION OF PROBLEM:

On 6/5/19 TDNC Chris Brown, Warden Washburn, Tim Odell, Chaplains Shoneberger and Simic violated my 1st Amendment and RLUIPA rights to have traditional Hahl Lamb, beef, chicken, Baklava, Fruit Salad, Dates, vegetables, Islamic Dawishes and Pastries as traditionally eaten by Muslims for the Id Ul Fitr and Id Ul Adha Feasts, by not allowing me to have that food donated by Islamic Volunteers, or purchase it. They all are fully aware of the Court rulings on that issue. Also, rice with peas and chicken not slaughtered in the Name of Allah was fed to me.

11/1/19

Ben P. [Signature] 11/1/19

Distribution Upon Final Resolution:

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner (if applicable)
 CR-1394 (Rev. 3-00) Page 2 of 2 RDA 2244



TENNESSEE DEPARTMENT OF CORRECTION
 RESPONSE OF SUPERVISOR OF GRIEVED EMPLOYEE OR DEPARTMENT

Reg/Rel
 Pittman
 Chaplain

DATE: 10-29-19

Please respond to the attached grievance, indicating any action taken.

Date Due: ASAP

4414/335385 - Pleasant-bey, Boaz
 Grievance Number Inmate Name

473110
 Inmate Number

See Attached Affidavit

See Attached Affidavit

[Signature]
 SIGNATURE

10/30/19
 DATE

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF TENNESSEE
at GREENEVILLE

BOAZ PLEASANT-BEY (#473110),)	
)	
Plaintiff,)	
)	
v.)	No. 2:15-cv-174
)	Judge Phillips
JOHNSON COUNTY, et al.,)	Magistrate Judge Corker
)	
Defendants.)	

AFFIDAVIT OF CHAPLAIN JON SHONEBARGER

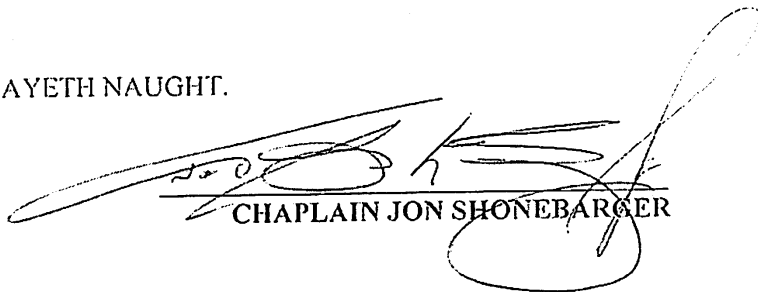
COMES NOW the affiant, **CHAPLAIN JON SHONEBARGER**, after being first duly sworn, and states under oath as follows:

1. I am over 18 years of age and I am otherwise competent to give this Affidavit.
2. I make all statements herein based on my personal knowledge.
3. I am currently employed by the CoreCivic Corporation as a chaplain at the Turner Trousdale Correctional Center ("TTCC") in Hartsville, Tennessee.
4. Upon communication with Attorney General's office, I became aware of the pending litigation in this case in the Eastern District of Tennessee, Bey v. Johnson County, 2:15-cv-174. I am also now aware of Plaintiff Bey's pending motion for a preliminary injunction in that matter, and have reviewed Plaintiff's allegations in order to assist the Court and provide responsive information.
5. Contrary to Plaintiff's allegations, there has been no recent significant change, of any kind, to TDOC or TTCC food services policy regarding Muslim inmates.

-
6. Contrary to Plaintiff's allegations, no Muslim inmates at the Turner Trousdale Correctional Facility, has ever or will ever be required to eat meat items that are *Haram* or forbidden under Muslim dietary restrictions.
 7. To the best of my knowledge, there is no TDOC "total ban" on "all traditional Halal foods," and no new policy has been adopted or implemented in 2019 as to Muslim diets at TTCC.
 8. In 2018 TDOC and CoreCivic policy was changed to disallow food items to be brought in by volunteers. The change was made in response to complaints of some religious groups (i.e. Christians) receiving more food at feasts due to a higher number of volunteers in the area bringing in food, while other religions, with fewer to no volunteers in the area, were not receiving the same amount of extra food. The authorized vendor at TTCC and for all CoreCivic prisons in Tennessee is Trinity.
 9. Therefore, in 2018, to ensure fairness and equal treatment to ALL religions, ALL outside food items were prohibited, including religious items provided by volunteers.
 10. Food services and religious staff at TTCC work to ensure that Muslim inmates receive meals during Ramadan before sunrise and after sunset, which do not conflict with their religious requirements.
 11. Muslim inmates have available to them Halal food items.
 12. Muslim inmates have available during Ramadan vegetarian options provided before sunrise and after sunset.
 13. All food items must be purchased and provided by authorized vendors. Volunteers cannot bring in outside food. This is a policy which applies equally to all inmates of all religious faiths at TTCC.

14. The 2018 Id Ul Fitr feast was not cancelled at TTCC.
15. There is no plan at TTCC to ever serve Muslim inmate Haram or forbidden meat items or any other dietary items prohibited.
16. I did not have the conversations with any of the inmates as described in affidavits attached to Plaintiff's motion for an injunction, and I did not personally tell any inmates that inmates would be required to eat food forbidden in the Islamic faith.

FURTHER AFFIANT SAYETH NAUGHT.


CHAPLAIN JON SHONEBARGER

VERIFICATION

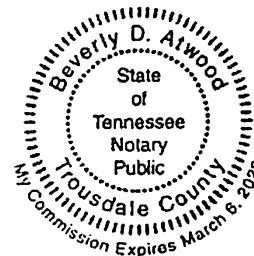
STATE OF TENNESSEE

COUNTY OF Trousdale

Sworn to and subscribed to before me, this 20 day of May 2019.

NOTARY PUBLIC: Beverly D. Atwood

My Commission Expires: March 6, 2022



TROUSDALE TURNER CORRECTIONAL CENTER NOTICE OF GRIEVANCE HEARING

Date: 11-7-19 Grievant: Pleasant-bey TDOC #: 473110 Grievance #: 444/335385

Present during hearing: Sgt. Lopez C/M JACKSON A. Stuckett
Grievance Coordinator Staff Staff

J. Vine C. Mashele P. BARTHAN
Inmate Clerk Inmate Inmate

Grievant enters. The Coordinator read the grievance, supervisor's response and the grievance solution. Procedures were explained.

This complaint is on: Inmate Pleasant-Bey states that he was deprived of Traditional Halal Food at the Idil Fitri Feast of 2019, by Chris Brown, TDoc Contract Monitor, Warden Washburn, Tim Odell, Chaplains Skonberger and Simic.

Inmate Pleasant-Bey request that he be provided the traditional Halal Food.

WD 125-911



TENNESSEE DEPARTMENT OF CORRECTION
INMATE GRIEVANCE RESPONSE

Pleasant-bay, Boaz 473110 EA705 7700-4414/375785
NAME NUMBER INSTITUTION & UNIT GRIEVANCE NUMBER

Summary of Evidence and Testimony Presented to Committee Inmate wants to have a
health outside of walls on the outside fence for religious freedom
inmates.

Inmate Grievance Committee's Response and Reasons From the center with supervision.

11.7.19 SCG N. Jackson
DATE CHAIRMAN MEMBER
Sin A Shickett A. Marshall P. Barham
MEMBER MEMBER MEMBER

Warden's Response: Agrees with Proposed Response ☒

Disagrees with Proposed Response ☐

If Disagrees, Reason(s) for Disagreement

Action Taken:

DATE: 11.13.19

WARDEN'S SIGNATURE: [Signature]

Do you wish to appeal this response? ☒ YES ☐ NO

If yes: Sign, date, and return to chairman for processing. Grievant may attach supplemental clarification of issues or rebuttal/reaction to previous responses if so desired.

[Signature] 11/18/19
GRIEVANT DATE WITNESS

Commissioner's Response and Reason(s):

DATE

SIGNATURE

Distribution Upon Final Resolution:

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner

CR-1393 (Rev. 3-00)

RDA 2244

WD125
1830



TENNESSEE DEPARTMENT OF CORRECTION
INMATE GRIEVANCE RESPONSE

Pleasant-bay, Boaz 473110 WD125 EA205 77CC-4414/315785
NAME NUMBER INSTITUTION & UNIT GRIEVANCE NUMBER

Summary of Evidence and Testimony Presented to Committee Inmate wants to have a
meal outside of what's on the menu because for religious Muslim
inmates.

Inmate Grievance Committee's Response and Reasons Committee concurs with Supervisor.

11.7.19 SCO G. Lopez N. Jackson
DATE CHAIRMAN MEMBER
Sir. A. Shuckett A. Marshall P. Barham
MEMBER MEMBER MEMBER

Warden's Response: Agrees with Proposed Response ☒

Disagrees with Proposed Response ☐

If Disagrees, Reason(s) for Disagreement

Action Taken:

DATE: 11.13.19

WARDEN'S SIGNATURE: [Signature]

Do you wish to appeal this response?

☒ YES

☐ NO

If yes: Sign, date, and return to chairman for processing. Grievant may attach supplemental clarification of issues or rebuttal/reaction to previous responses if so desired.

[Signature] 11/18/19
GRIEVANT DATE WITNESS

Commissioner's Response and Reason(s):

NOV 19 2019

TDOC Operations

DATE

SIGNATURE

Distribution Upon Final Resolution:

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner

CR-1393 (Rev. 3-00)

RDA 2244

1830



MEMO

Inmate Name: Bogz Plasm7-Bey TDOC Number: 473160
Institution: 771C Housing Unit: W0125
Institution Grievance Number: 444 TOMIS Grievance Number: 39385

Commissioner's Response:

☒ Concur with Warden ☐ Concur with Supervisor ☒ Appeal Denied

11-21-19
Date

Joe Daboy
Assistant Commissioner of Prisons

TP-1A

Religious Grievance



TENNESSEE DEPARTMENT OF CORRECTION
INMATE GRIEVANCE

Boaz Pleasant-Bey

NAME

473110

NUMBER

T.T.C.C. / EA-206

INSTITUTION & UNIT

DESCRIPTION OF PROBLEM: TDOC Liaisons Chris Brun, Warden Washburn, Commissioner Parker, Chaplains Shonebarger and Simic have all violated my 1st Amend. and RLUIPA rights.

REQUESTED SOLUTION: For the said persons to either allow me to purchase or have volunteers donate traditional Halal Foods for the Eid ul Adha Feasts, or they can purchase those traditional foods.

Signature of Grievant

Date

TO BE COMPLETED BY GRIEVANCE CLERK

4671/337402

Grievance Number

8/29/19

Date Received

Sgt. X. C. Hall

Signature Of Grievance Clerk

INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE:

AUTHORIZED EXTENSION:

New Due Date

Signature of Grievant

INMATE GRIEVANCE RESPONSE

Summary of Supervisor's Response/Evidence:

Chairperson's Response and Reason(s):

DATE:

CHAIRPERSON:

Do you wish to appeal this response?

YES

NO

If yes: Sign, date, and return to chairman for processing within five (5) days of receipt of first-level response.

GRIEVANT

DATE

WITNESS

Distribution Upon Final Resolution:

White - Inmate Grievant

Canary - Warden

Pink - Grievance Committee

Goldenrod - Commissioner (if applicable)

*My grievance I filed concerning the Eid ul Fitr feast after Ramadan has been filed with no response. This is the second grievance about traditional Halal Foods.



TENNESSEE DEPARTMENT OF CORRECTION
INMATE GRIEVANCE (continuation sheet)

DESCRIPTION OF PROBLEM:

On August 12th 2019, I received a tray for the Eid ul Adha feast without Traditional Halal Lamb, beef, chicken, Baklava, Islamic danishes and dates on it. The tray had non-traditional breaded-fish patties and haram burger (not slaughtered in the name of Allah) with canned fruit and not fresh fruits. I have sent numerous request about traditional Halal foods and I have a claim in Court concerning this issue. I have requested for traditional Halal Foods from Commissioner Parker, TDOC Liaison Chris Brown, Warden Washburn, and Chaplains Sporebarger and S.M.C. Obviously, they insist on refusing to comply with the 6th Circuit's Order in Pleasant-Bey v. TDOC, No. 18-5424 (Apr. 4th 2019) and Hight v. Thompson (2014).

Distribution Upon Final Resolution:

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner (if applicable)
CR-1394 (Rev. 3-00) Page 2 of 2 RDA 2244



TENNESSEE DEPARTMENT OF CORRECTION
RESPONSE OF SUPERVISOR OF GRIEVED EMPLOYEE OR DEPARTMENT

DATE: 12/4/19

Please respond to the attached grievance, indicating any action taken.

Date Due: 9.4.19

4671/337402
Grievance Number

Boaz Pleasant-Bey
Inmate Name

473110
Inmate Number

Core Civic Tennessee prisons including Trousdale-Turner Correctional Center, are not contractually bound by Tennessee Department of Correction policy 116.08, "Religious Diet Programs and Penalties." However, the Eid ul Adha was observed per religious services policy. An Affidavit was duly sworn by myself concerning defiant questions raised by inmate Boaz Pleasant-Bey.

[Signature]
SIGNATURE

12/4/19
DATE

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner

WD 125



TENNESSEE DEPARTMENT OF CORRECTION
INMATE GRIEVANCE RESPONSE

Pleasant-Boy, Boaz
NAME

473110
NUMBER

7711-WD125
INSTITUTION & UNIT

4671/337402
GRIEVANCE NUMBER

Summary of Evidence and Testimony Presented to Committee Religious - food

Inmate Grievance Committee's Response and Reasons No Hearing due to inappropriate
Grievance. Inmate already grieved this issue. Policy #501.01
VI (IX1)

11-18-19
DATE

Lep
CHAIRMAN

MEMBER

MEMBER

MEMBER

MEMBER

Warden's Response: Agrees with Proposed Response ☒

Disagrees with Proposed Response ☐

If Disagrees, Reason(s) for Disagreement _____

Action Taken: _____

DATE: 11-19-19

WARDEN'S SIGNATURE: [Signature]

Do you wish to appeal this response? ☒ YES ☐ NO

If yes: Sign, date, and return to chairman for processing. Grievant may attach supplemental clarification of issues or rebuttal/reaction to previous responses if so desired.

[Signature]
GRIEVANT

11/25/19
DATE

WITNESS

Commissioner's Response and Reason(s): _____

DATE

SIGNATURE

Distribution Upon Final Resolution:

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner

CR-1393 (Rev. 3-00)

RDA 2244

1868



TENNESSEE DEPARTMENT OF CORRECTION
INMATE GRIEVANCE RESPONSE

Boaz Pleasant-Bey

NAME

473110

NUMBER

TTCC WD125

INSTITUTION & UNIT

4671/337402

GRIEVANCE NUMBER

Summary of Evidence and Testimony Presented to Committee No Hearing held, Grievance is deemed inappropriate.

Inmate Grievance Committee's Response and Reasons Policy # 501.01 VI (H) (8) Concur with Supervisor response.

12-5-19

DATE

J % C Lopez

CHAIRMAN

MEMBER

MEMBER

MEMBER

MEMBER

Warden's Response: Agrees with Proposed Response



Disagrees with Proposed Response



If Disagrees, Reason(s) for Disagreement

Action Taken:

DATE: 12/10/19

WARDEN'S SIGNATURE:

[Signature]

Do you wish to appeal this response?

☒ YES

☐ NO

If yes: Sign, date, and return to chairman for processing. Grievant may attach supplemental clarification of issues or rebuttal/reaction to previous responses if so desired.

[Signature]

GRIEVANT

12/12/19

DATE

WITNESS

Commissioner's Response and Reason(s):

DEC 12 2019

RECEIVED

DEC 12 3

RECEIVED

TDOC Operations

DATE

SIGNATURE

Distribution Upon Final Resolution:

White - Inmate Grievant

Canary - Warden

Pink - Grievance Committee

Goldenrod - Commissioner

CR-1393 (Rev. 3-00)

RDA 2244

1860



MEMO

Inmate Name: Boz Pleasant-Boz TDOC Number: 47310
Institution: MCC Housing Unit: W1125
Institution Grievance Number: 4671 TOMIS Grievance Number: 332402

Commissioner's Response and Reasons:

The Program Manager has reviewed the grievance and:

☐ Concur with Warden ☒ Concur with Supervisor ☐ Concur with Committee

12-13-79 Leo Roberts
Date Assistant Commissioner of Prisons

TP-19



TENNESSEE DEPARTMENT OF CORRECTION
INMATE GRIEVANCE

Ring/VST
Sgt. Taylor

Boaz Pleasant-Bey

NAME

473110

NUMBER

WD-125/H.T.C.C.

INSTITUTION & UNIT

DESCRIPTION OF PROBLEM: My sister was not allowed to change her pants upon her request to do so after her button wouldn't clear the metal detector (detector) for visitation after driving 5 hours.

REQUESTED SOLUTION: To allow visitors to change clothing to clear the metal detector if they are able to after traveling to Tennessee from other states.

Boaz Pleasant-Bey

Signature of Grievant

12/22/19

Date

TO BE COMPLETED BY GRIEVANCE CLERK

4865/339799

Grievance Number

1-13-20

Date Received

Sgt. E. Long

Signature Of Grievance Clerk

INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE:

AUTHORIZED EXTENSION:

New Due Date

Signature of Grievant

INMATE GRIEVANCE RESPONSE

Summary of Supervisor's Response/Evidence:

Chairperson's Response and Reason(s):

DATE:

CHAIRPERSON:

Do you wish to appeal this response?

YES

NO

If yes: Sign, date, and return to chairman for processing within five (5) days of receipt of first-level response.

Boaz Pleasant-Bey

GRIEVANT

1/16/20

DATE

W. R. R. R.

WITNESS

Distribution Upon Final Resolution:

White - Inmate Grievant

Canary - Warden

Pink - Grievance Committee

Goldenrod - Commissioner (if applicable)



TENNESSEE DEPARTMENT OF CORRECTION
INMATE GRIEVANCE (continuation sheet)

DESCRIPTION OF PROBLEM:

On 12/22/19, my little sister (31) came from Alabama to visit me for her birthday. I haven't seen her in a year. Her pants had a button and zipper that wouldn't clear the metal detector for visitation. She drove 5 long hours and took off work to visit me. After several attempts to clear the metal detector, she suggested that she be allowed to change pants, and she was denied. She was told to go home and she cried all the way back to Alabama. The Captain denied her request to change pants.

Distribution Upon Final Resolution:

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner (if applicable)
CR-1394 (Rev. 3-00) Page 2 of 2 RDA 2244



TENNESSEE DEPARTMENT OF CORRECTION
RESPONSE OF SUPERVISOR OF GRIEVED EMPLOYEE OR DEPARTMENT

DATE: 1-14-2020

Please respond to the attached grievance, indicating any action taken.

Date Due: 1-16-2020

4865/339799

Grievance Number

Boaz Pleasant - Bey

Inmate Name

473110

Inmate Number

Visitation staff has always covered the metal detector procedure. There are no exceptions 3 chances to clear once they start no Alterations can be done. This goes for staff as well. Everyone clears.

James M Taylor Jr

SIGNATURE

1-14-2020

DATE

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner

2

TROUSDALE TURNER CORRECTIONAL CENTER NOTICE OF GRIEVANCE HEARING

Date: 1-24-20 Grievant: B. Pleasant-Bey TDOC #: 473110 Grievance #: 4865/339499

Present during hearing: Sgt. Lopez J. Holmes J. Carlin
Grievance Coordinator Staff Staff

J. Vine P. Barham D. Mcneer
Inmate Clerk Inmate Inmate

Grievant enters. The Coordinator read the grievance, supervisor's response and the grievance solution. Procedures were explained.

This complaint is on: Visitation Staff... "My sister was not allowed to change her pants... her button would not clear the Metal Detector, after driving 5 hours."

Inmate Solution: "...allow ~~that~~ visitors to change clothing to clear the Metal Detector, if they are able to, after travelling to Tennessee from other states."



TO Sgt. Lopez

FROM B. Pleasant Bee
#473110 JWD-125

SUBJECT: Grievance Withdrawal

DATE 1/29/20

FOLD	I believe I told you that I gave my little	
M	sister my word that I will do everything in	
E	my power to try to change the policy or	
S	procedure in visitation from my end. I just	
S	wanted to let you know that I value your	
A	professional opinion because it weighed heavy	
G	in my decision to withdraw the grievance. I	
E	do believe that you helped me to make the best	
FOLD	decision. Thank you	SIGNED <u>Booz Pleasant Bee</u>
R		
E		
P		
L		
Y	DATE:	SIGNED

GS-0747 (Rev. 9-91)

SENDER: DETACH LAST COPY AND FILE FOR FOLLOW UP



TENNESSEE DEPARTMENT OF CORRECTION
INMATE GRIEVANCE RESPONSE

Boaz Pleasant-Boy 473110 7700-WD125 4865/339799
NAME NUMBER INSTITUTION & UNIT GRIEVANCE NUMBER

Summary of Evidence and Testimony Presented to Committee Visitor was denied v.s.t for
the day due to wardrobe.

Inmate Grievance Committee's Response and Reasons Confer with Supervisor.

1/24/2020 S % G Long Donner N K Muth
DATE CHAIRMAN MEMBER
I. Palmer J. Cook P. Banks
MEMBER MEMBER MEMBER

Warden's Response: Agrees with Proposed Response ☒

Disagrees with Proposed Response ☐

If Disagrees, Reason(s) for Disagreement _____

Action Taken: _____

DATE: 1-25-2020 WARDEN'S SIGNATURE: [Signature]

Do you wish to appeal this response? YES ☒ NO ☐

If yes: Sign, date and return to chairman for processing. Grievant may attach supplemental clarification of issues or rebuttal/reaction to previous responses if so desired.

Boaz 1/28/20 _____
GRIEVANT DATE WITNESS

Commissioner's Response and Reason(s): _____

DATE

SIGNATURE

Distribution Upon Final Resolution:

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner

CR-1393 (Rev. 3-00)

RDA 2244

TROUSDALE TURNER CORRECTIONAL CENTER

**Core Civic
140 Macon Way
Hartsville, Tennessee 37074**



2020-2021

Inmate Rules and Regulations Handbook

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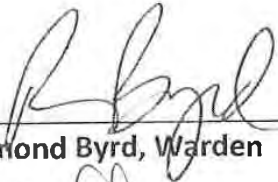
**TROUSDALE TURNER CORRECTIONAL CENTER
HARTSVILLE, TENNESSEE**

Welcome to CoreCivic Trousdale Turner Correctional Center in Hartsville, Tennessee. During your orientation at Trousdale Turner you will be provided with information to assist you in becoming familiar with our system. This orientation will include, but is not limited to, the following:

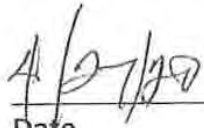
1. Institutional rules and regulations
2. Programs and activities
3. Health care
4. Classification
5. Mail
6. Visitation
7. Personal property
8. Grievance procedures
9. Disciplinary
10. Sexual Assault of Inmates

Key Staff at Trousdale Turner Correctional Center

Warden:	Raymond Byrd
Assistant Warden/Operations:	Bryon Ponds
Assistant Warden/Treatment:	Brandon Watwood
Assistant Warden/Services:	Vincent Vantell
Chief of Security:	Rubenard Risper
Chief of Unit Management:	Michael Bollenberg
Assistant Chief of Security:	TBD
Assistant Chief:	Donelle Harris
TDOC Contract Monitor:	Chris Brun
TDOC Contract Monitor:	Jon Walton
TDOC Commissioner's Designee:	John Fisher



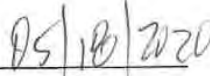
Raymond Byrd, Warden



Date



Lee Dotson, TDOC Assistant Commissioner of Prisons



Date

Trousdale Turner Correctional Center (TTCC) is a correctional institution that is managed by CoreCivic through a contract with the Tennessee Department of Corrections.

We want you to take pride in keeping TTCC clean and assisting with taking care of the facility, as it is a place where you will live for a period of time. Good sanitation creates a healthful environment for all of us.

TTCC uses the unit management concept which is a method that divides the large institution into smaller operating units. The management units are as follows: five are called general population units, one is open bay general population, and one is the special management unit. Together, the unit manager and unit staff manage the inmate populations in their unit, including classification, communication, sanitation, safety and security, and all other aspects of unit operation.

A unit manager and a team of unit staff are responsible for the management of each unit. The unit team consists of the unit manager, case managers, senior-inmate relations, and correctional officers.

Other institutional staff, including those in medical and mental health services, education, recreation, religious services, maintenance, food service, commissary, property, laundry and administration, works with the unit manager and staff to provide activities, programs and other services to you.

You are responsible for discussing issues, requests and questions with the unit staff case managers, correctional counselors and the unit manager first. While you may address requests and questions to department heads, supervisors and members of the administration, your requests will be discussed with the case manager, senior-inmate relations and, in many cases, returned to your unit manager to handle.

Access to Foreign National/Diplomatic Representative

Foreign national (non-U.S. citizen) inmates/resident have a right to access the foreign consulate from his/her country of citizenship at any time.

In accordance with TDOC Policy 103.03, Diplomatic Access for Foreign National Inmates, a Diplomatic Representative Information Booklet is available in the inmate law library for review upon request. This booklet lists information of each foreign embassy or consulate for foreign national inmates in order to locate their respective embassy or consulate. Inmates who are unable, due to their housing assignment, to physically access the main law library (protective custody and segregation) to obtain this information shall request such information from their Case Manager or Senior-Inmate Relations.

Foreign Consular Notification

If the contracting agency has not assumed responsibility of foreign consular notification or if inmates/residents invoke the right after initial arrest and detention, CoreCivic will ask Tennessee Department of Corrections permission to notify the consulate in accordance with the U.S. Department of State guidelines.

Inmate Rules and Regulations

Rules and regulations have been adopted for use at Trousdale Turner Correctional Center and will be enforced along with the Tennessee Department of Correction policies. Copies of unit policies approved for the inmates to view are available in the library and unit rules are posted on bulletin boards inside of the housing unit dormitory.

We hope your stay here is productive. We hope you will take advantage of the programs and services available. You have the opportunity to leave better prepared for your return to society. While incarcerated in this facility you are expected to obey all the rules and regulations listed within; therefore, if there are portions that you do not fully understand, ask a staff person for assistance in explaining them. Failure to understand the rules and regulations will not be accepted as an excuse for not following them.

MISSION STATEMENT

The primary mission of the CoreCivic/Trousdale Turner Correctional Center is in partnership with government, we will provide a meaningful public service by operating the highest quality adult corrections system in the United States.

We aim to protect the public safety through the incarceration of adults who have been adjudicated and sentenced to a term of imprisonment. An integral part of CoreCivic/TTCC's mission is to maintain an environment for both staff and inmates, which is safe, healthful, humane, productive and mutually respectful.

We continually strive to provide a variety of services and programs to the inmates to assist them in preparing for a lawful return to society. Inmates are required to work and/or required to participate in programs and services. Refusal to work or participate in programs may result in disciplinary actions that may include suspension of visits, no credits, and additional segregation time. Inmates are encouraged to demonstrate self-control, personal responsibility, and constructive decision-making and positive behavior.

CHAPTER 1

ADMISSION AND ORIENTATION

Each inmate will receive a formal orientation within the first week at TTCC. During intake processing you will receive your copy of the inmate handbook and/or the supplement, listen to staff presentations about institutional operations, programs, services and rules, and participate in a question/answer session.

The intake/orientation process also provides specific information about AIDS, other communicable diseases and a brochure about PREA (Prison Rape Elimination Act). Should you need or wish to have more information regarding health matters, you should forward an inmate request form to health services.

For the safety and security of the facility CoreCivic-TTCC has established designated times to conduct facility counts. Facility counts are extremely important and adherence to facility procedures, policies, and directives are required by the inmate population. CoreCivic-TTCCs count times are:

Formal Counts at Trousdale Turner Correctional Center is as follows:

0115 Standing Count
0515 Standing Count
1000 Standing Count
1500 Standing Count
2100 Standing Count
2230 Standing Count

Note: Prep for count is 30 minutes prior to all Standing Counts

All movement of inmates shall cease before the count begins and shall not resume until the total institutional count is announced clear and correct. There will be no movement of inmates from any area inside the perimeter of the institution until the count is verified and cleared by the count room/shift supervisor.

Red Zones

Red zones are conducted from five minutes before the hour until five minutes after the hour. This means that during this time period your cell door will be opened for you to retrieve items or use the restroom. This is the only time that you will be able to enter or exit your cell during your 'out' Tier Management time. You must be standing beside your door when the officer gets to your door in order for your door to be opened. The officer will not open your door after he/she has gone past your door as they conduct their security checks.

Tier Management

Inmates must follow the approved and posted Tier Management Schedule as per TDOC policy. The Tier Management Schedule will be strictly enforced. It is the responsibility of the inmate to secure their legal mail, personal property, commissary etc. when leaving their cell. During designated tier time, ALL cell doors must and will be secured. During Tier Management cell doors will only be opened during the "red zone" times which will allow the inmates on tier time to go back into or come out of their cells. At no time will inmates scheduled out of their cells during tier management be allowed to talk to, pass notes, or any other items to other inmates through the cell doors when inmates are confined in their cells.

Veteran's Pod

Veterans may submit a request to be housed in the Veteran's Pod to the Chief of Unit Management.

Suicide Prevention

Coming to jail can be a difficult and stressful adjustment. If at any time you feel that you might hurt yourself or you hear or see behaviors in others that might indicate they are suicidal please tell a staff member. We have staff available to assist our inmates while being incarcerated.

Personal Property

Items in the personal possession of an inmate must be in compliance with applicable fire/safety regulations, and must not occupy more than six (6) cubic feet per inmate. This size storage bag may be used for cell or room searches, routine property inventories, and transportation requirements. Property that will not fit inside the authorized bag will be deemed excess and stored in the property room pending disposition of said items in compliance with TDOC Policy 504.02. An item will be considered excess if it does not fit within the six- (6) cubic foot limit even though said item may appear on the approved property list. Exceptions to the six- (6) cubic foot requirement are:

1. Legal materials as defined by TDOC Policy 504.01
2. Prescribed medical equipment
3. Televisions and fan
4. Approval musical instrument **(does not include radios)**
5. Linen (State issue)

This institution has an approved inmate personal property list, which is available to all inmates. The list includes all items and quantities inmates are allowed to possess or receive in packages. Inmates may obtain this list from the **institutional library**. Any items that an inmate receives in a package, which is not on the approved property list, will be put into storage for a period not to exceed thirty (30) days. It is the inmate's responsibility to ensure that the stored items are mailed/sent out during this thirty- (30) day period. Items not mailed will be disposed of in accordance with TDOC Policy 504.02. Packages may be mailed out Tuesday and Thursday.

Appliances are subject to confiscation and disposal if evidence exists that they have been altered in any way or evidence of prior TDOC possession. Inmates may not receive or have in their possession, property that has a TDOC number marked off or otherwise altered.

All personal property (radios, TV, etc.) shall have the inmate's TDOC number engraved on it. Inmates may not trade or sell property or leave items for other inmates upon transfer, parole, etc. However, an inmate may transfer any of his personal property to an immediate family member within the system if approved by the Warden (the relationship must be verified prior to the transfer of the property).

If you have the maximum number of allowable items which have quantity limitations (i.e. radio, shoes/boots, watch, rings, necklace, etc.) you must turn in one of the items to the property room to be mailed out before another item of the same type can be sent in. If one of the limited items is lost or stolen, you must contact the unit manager. Broken or unserviceable items must be returned to the property room before they can be removed from your property list. Any time an Inmate leaves this institution temporarily for reasons such as court appearance, medical, etc., he will be allowed to take only the following property items:

1. Clothing
2. Jewelry
3. Personal hygiene items
4. Legal materials

All other items will be placed in temporary storage in the property room for 30 days per TDOC 504.02.

When an inmate is paroled or released, he will be required to take all personal property items with him. This inmate will return all issued clothing and towels to the property room on the day of his departure.

All personal property and valuables brought with you will be inventoried and accounted for on a personal property form. Allowable inmate property is listed in an approved memo from the office of the Warden, inmate policy, and in the Inmate handbook. Items that have been altered or not issued to the specific inmate will be considered contraband. Maintenance does not repair inmate property. Personal property is maintained by the inmate at his/her own risk. The sergeant-inmate relations should be contacted to resolve issues with personal property. You are permitted to retain certain items of personal property in your possession. The Allowable Personal Property List is included pages 11-12 in the inmate handbook. Items not listed as allowable property are considered contraband. These items will be confiscated and disposed of consistent with applicable policies. The facility will issue you clothing, shoes, bed and bath linens, and other items; you are responsible for these issued items. All institution-issued property is recorded on your property record. An inventory of your property is maintained to control amounts of property accumulated and to protect you against theft. The amount of property an inmate has needs to be controlled for safety and sanitation reasons.

When you are released your property inventory will be reconciled; you must pay for missing and/or damaged institutional issue. You are responsible for returning the CoreCivic- issued property that you received upon intake. It is your responsibility to know and comply with what property is allowed and in what amount.

If your allowable personal property is lost or stolen, you may complete a Lost Personal Property Claim (Form 14-6D) and submit this claim to the property coordinator. Proof of ownership and value must be attached to the claim in order for it to be processed. This form must be submitted within seven calendar days from the date of discovery of loss. If dissatisfied with the response to your lost property claim, you may submit a 14-6E Denied Claim Appeal to the warden/designee for final approval/disapproval. **Lost property claim reimbursement has a maximum monetary value of \$50.**

The sergeant-inmate relations should be contacted to resolve issues with personal property.

Articles of jewelry (i.e. necklaces, wristbands, headbands, decorative beads, earrings, thread, symbols, tongue/body piercing, eccentric religious medallions, etc.) or decorative clothing are NOT authorized for wear. For married inmates, wedding bands, without stones, are authorized.

TTCC GENERAL POPULATION ALLOWABLE PERSONAL PROPERTY INVENTORY LIST

ITEM and # ALLOWED		ITEM and # ALLOWED	
<u>CLOTHING (no logos allowed on anything in this section)</u>		<u>MEDICAL</u>	
Shoes, shower	1 pair	Eyeglasses (reading or prescription)	1
Shoes, Segregation Crocs instead of boots Segregation Only		Eyeglass Case	1
Shoes, Athletic (i.e. sneakers) Solid Black, White, or Gray	1 pair	Contact Lenses (w/Storage Container to soak contacts)	2 pair
Shoes, Other: black/brown house shoes or boots	1 pair	Prostheses (as prescribed)	
Underwear (briefs / boxers) White or black	12	Equipment (canes, crutches, etc.) As Authorized by Health Services	
Socks: Solid White or Gray	12 pair	Hearing Aide As Authorized by Health Services	
T-Shirts/Undershirts (white - no pocket, no tank)	12	Medication As Authorized by Health Services	
Coat / Jacket (facility issued) Warden discretion the months can be worn	1		
Belt (less than 3" wide buckle not to exceed 3") state issued, manufactured only. No handmade,	2	<u>HYGIENE</u>	

(hobby shop), lace, belts. Must be black leather			
Sweat Pants and/or gym shorts solid white or gray	2	Toothbrush (non-electric)	2
Sweat Shirt (pullover - no hood) solid white or gray	2	Toothbrush Holder (plastic only)	2
Sunglasses (no mirror lens, must be worn outdoors only unless medically required)	1	Denture Cup (plastic cup with lid non insulated)	1
Du-rags black only (not to be worn outside housing unit)	2	Soap Dish (plastic only)	1
		Shower Cap	3
Cap (knit skull cap/toboggan) solid white or gray (orange at Warden's discretion according to job codes, segregation etc.)	2	Fingernail clippers (no file)	1
Handkerchief (white only)	8	Disposable Razors	10
Pajamas (pullover) not transparent	2	Tweezers, round or square (disposable)	1
Bathrobe (no hood) not transparent	1	Acrylic Mirror with back (plastic- no glass)	1
Uniform Trousers (facility issue only)	4	Plastic cup w/lid-non insulated	1
Uniform Shirts (facility issue only)	4	RECREATION	
Thermal Underwear (Shirts) solid white or gray	2	Table Games (non-electric i.e. chess, checkers, deck of cards, jigsaw puzzles etc.) no dice	2
Thermal Underwear (pants) solid white or gray	2	JEWELRY	
Rain Coat/Poncho (transparent vinyl)	1	Rings (\$25 each max replacement value)	2
Gloves (knit no leather)	1	Watch & Band (\$10. max replacement value)	1
Extra Shoestrings / Laces - white or black	1	Necklace (1) religious / Chain not to exceed 24" (\$30. max replacement value) Medallion or plain	1
LINENS		ELECTRICAL / AUDIO	
Flat/Fitted Sheets (facility issued only)	2 sets	TV Clear housing 15" (15" applies to flat screen) no built-in VCR/DVD player, (max replacement value \$50)	1
Blankets (facility issued only)	2	Remote Control	1
Towels	4	Radio AM/FM)/tape player/ CD Player/CD-Tape Player Combo. Allowed 2 of these items with transparent clear housing not to exceed 18" x 24" in size must have jack for	2

		earphone, non-detachable speakers. (max replacement value \$25 for each)	
Washcloths (sold by commissary no towel ripped washcloths)	4	Radio "Walkman" type only (must be clear housing with headphone or one piece unit--no cassette) You are allowed ONLY if you don't have Radio AM/FM)/tape player/ CD Player/CD-Tape Payer Combo . May not be taken to work site except certain Tricor programs approved by the Warden. (max replacement value \$25 for each)	1
Pillow personal must be flame retardant (facility issued)	1	Headphones- no wireless	1
Pillow Case (facility issued only)	2	Headphones Extension	1
Mesh Laundry Bag - white	2	Stereo Ear buds	1 pair
Mattress (facility issued only)	1	TV Splitter	1
HAIR CARE PRODUCTS		Coaxial Cable up to 9 foot	1
Comb (maximum 5") , brush, hair picks (includes Afro combs plastic, and wood) no sharp pointed ends or metal	2	Surge Protector Clear Suppressor 6 outlets	1
Ponytail bands/holders black or brown	18	Fan (maximum 15") blade and the housing must be plastic. The grill must be non-removable	1
Hair dryer 1500 watts or less	1	Batteries, "AA" (each) no rechargeable	8
		Batteries, "AAA" (each) no rechargeable	8
STATIONARY / EDUCATIONAL / READING MATERIALS		MISCELLANEOUS HOUSEHOLD ITEMS	
Legal materials-The total amount of legal materials that an inmate may have in his possession will not exceeded a space delineated by 1.5' x 1' x 1' . Anything in excess the Warden will designate an area in the facility where it will be stored.		Bowl, cereal with lid 24oz (plastic)	1
Reading material (includes books & magazine in compliance with policies 112.05 & 507.02)	Must be stored within the six (6) cubic feet allowed per inmate	Bowls with Lid 1.7 Qt (plastic)	1
Typewriter (maximum replacement value \$25) No floppy disk, flash/zip	1	Spoon 5-7/8"	1

drives, tapes, jump drives, drivers, modems, attachments or removable parts such as monitors			
Pencils & ballpoint ink pens (purchased from commissary only) Quantity at the Warden's discretion	20	Drinking Cup/Mug (plastic) up to 22 oz	2
Clear handheld Calculator (battery or solar only)	1	Floor Rug (3 x 5 max – fire retardant , slip resistant)	1
Writing paper,(maximum of 40, & envelopes	40	Sewing needle 2" or less, and thread (as sold in commissary only)	3
Pencil Sharpener	1	Ice Chest (2 gallon max - no Styrofoam)	1
		Clear reading Lamp & bulb (high intensity)	1
		Address Book	1

Initial Property Issue, Uniform & Personal Hygiene

Property room staff upon arrival will complete an inventory of your state issued clothing. Refer to TDOC Policy 504.01, CoreCivic/TTCC Policy 17-101A, TDOC Policy 504.02, CoreCivic/TTCC Policy 17-102A and TDOC Policy 504.05.

Inmates are responsible for keeping all issued clothing in good repair and are not damaged, altered, or lost in any way. If an item of clothing is altered, the inmate may be issued a disciplinary report and may be responsible for reimbursement of clothing cost. Items lost or stolen may be replaced when authorized by the Warden or designee. The cost of replacement items may be incurred at the inmate's expense. Appropriate special clothing will be issued to a job requiring special apparel. This may include, but is not limited to, gloves and inclement weather gear. Inmates are subject to reimbursement by due process hearing.

Inmates will be afforded the opportunity to exchange issued clothing items as mandated by TDOC Policy 504.05 on a schedule as posted on unit bulletin boards. Clothing will be replaced only when the item has deteriorated to the extent that it needs replacing. Items replaced must be returned or otherwise accounted for. All new clothing and linens will be distributed by exchange only.

You will be given the opportunity to have your uniforms washed weekly per the laundry schedule posted in your housing unit.

You will be issued a mattress, pillow, one hygiene kit, two sheets, one pillowcase, one blanket, one laundry bag, one towel, and two clear bags upon entering the facility. You will be given the opportunity to have your authorized items washed and bedding exchanged weekly per the laundry schedule posted in your housing unit. Blanket exchanges are done monthly.

All inmates must follow institutional requirements in reference to personal grooming essential to security, identification, safety, personal health and hygiene. Personal hygiene items such as

razors, toothbrushes, toothpaste, soap, denture cleaner, and shampoo are available from the commissary and are issued at regular intervals to indigent inmates. The commissary procedures are explained in detail in this handbook.

Inmates must keep their bodies clean by regular showering and washing. Unacceptable hygiene may result in disciplinary action.

Inmates must wear shirt and pants when walking to and from the shower and bathroom areas. Inmates cannot be in the common access areas, such as the day rooms, shower and bathroom areas, laundry rooms, etc., attired in their undergarments. Inmates cannot wash clothes or sheets in bathroom sinks, showers, nor toilets.

Inmates must be properly clothed at all times and will keep institutional issued and personal clothing clean and in good repair. Inmates are required to be clothed in such a manner that their torso area, including genital and anal areas, is covered with appropriate attire for sleeping. Inmates may wear long johns underneath clothes inside the housing area. Inmates are required to wear their pants around their waist, not falling below a t-shirt tucked in at all times. Shoes will be worn properly and will be laced and tied. The kinds of shoes inmates are allowed to wear and the approved locations for wearing them will be controlled by housing unit policy, safety regulations, and the chief of security.

INTENTIONAL DAMAGE TO CORECIVIC PROPERTY WILL RESULT IN DISCIPLINARY ACTION AND YOU WILL BE REQUIRED TO PAY FOR ANY DAMAGES.

You will be required to turn in all issued items when leaving the facility; you will be required to pay for any missing items.

I.D. Badge

All inmates will initially be issued a picture identification badge, a clip. On the name line, the committed name of the inmate shall appear first. **Your I.D. badge must be worn at all times.** You must present your I.D. upon request by any staff member. You are required to present your I.D. at medication call in order to receive medication.

All inmates will properly display his pictured I.D. badge upon his shirt pocket or front collar when the pocket is not applicable. Using an issued clip the I.D. badge with the information side displayed.

You are required to present your I.D. to staff in order to receive your mail, library visits, commissary, or food trays. The absence of an I.D. card is strictly prohibited and may result in you receiving a disciplinary report. When inmates are outside of the housing units they are to have their TDOC issued I.D. badges clipped to their right shirt pocket with their picture visible.

Lost, tampered, stolen identification cards must be reported immediately to your housing unit officer or your unit management team. You shall be assessed a fee of \$5.00 for the issuance of

a new card. Inmates must report the loss, theft or damage of their I.D. badge immediately to a member of their unit team. There will be a twenty-five cent (.25) charge for the clip.

Any delay in reporting the loss, theft or damage of an I.D. badge will result in disciplinary action. The same shall apply when inmates change identity by altering facial features or when inmates receive legal name changes. Any inmate in possession of an unauthorized badge will face possible disciplinary action

Housing Wristbands

Wristbands which identify the inmate's housing location will be issued to inmates. The wristbands will be color coded per the inmate's housing building, and lettered per the inmate's housing pod location. Inmates will be determined to be out of place if they are found in an unauthorized housing building and/or housing pod and will face possible disciplinary action.

Lost, tampered, torn, ripped, and/or cut wristbands must be reported immediately to your housing unit officer and/or the unit management team. You shall be assessed a fee of \$15.00 for the issuance of a new wristband. Inmates must report the loss, theft, or damage of their wristband immediately to a member of the unit team.

Inmates must have BOTH and ID badge and a wristband whenever they leave their assigned housing location. Any delay in reporting the loss, theft damage of an I.D. badge and/or housing wristbands will result in disciplinary action. The same shall apply when inmates change identity by altering facial features or when inmates receive legal name changes. Any inmate in possession of an unauthorized badge and/or wristbands will face possible disciplinary action.

Smoking Policy

CORECIVIC-TTCC and its grounds are tobacco-free. Tobacco products and lighting materials are considered contraband for all inmates, staff, and visitors. Anyone found in possession of these items is subject to disciplinary action.

CHAPTER 2 CLASSIFICATION

Classification is the process by which each inmate is given a security designation. An inmate's security level is determined by a scoring instrument that scores criminal history, present offense and sentence, amount of time served, and institutional behavior.

Some factors include age, nature of crime, total bond or no bond amount, and current or past escape charges/convictions. Your classification score will determine the unit in which you will be housed.

Classification is also the process by which every inmate housing and job/program placement is made. All work assignments, education assignments, self-help activities, and other program participation require classification team action.

Classification

Classification is an ongoing process of managing an individual inmate's progress through the criminal justice system. It is the policy of TDOC and CORECIVIC to place an inmate in the least restricted custody appropriate.

1. Elements of Classification

- a. Investigation of all factors affecting the inmate (past records, institutional record, etc.)
- b. Evaluation of the ability of the inmate to deal with present circumstances.
- c. Assigning the inmate to the environment best suited to meet his needs, insure the security of the institution and safety for inmates and staff.
- d. Monitoring the inmate's behavior in his assigned environment.
- e. Control of inappropriate behavior.

2. Reclassification Scheduling

- a. Reclassification review may be scheduled in the following instances:
- b. The receipt of new information or circumstances which may warrant a change in custody level or facility assignment (such as new convictions or detainers, or pre-release eligibility.
- c. An inmate has completed a recommended program and requires updated recommendations.
- d. The warden or CD directs review of an inmate's status for administrative purposes.
- e. An inmate's current disciplinary conviction record suggests the need for increased supervision.
- f. Reclassification shall occur as often as necessary, but no less frequently than once every (12) twelve months.

3. Classification Hearing

- a. An inmate must receive a forty-eight (48) hour notice before being classified/reclassified. Notice will be given to the inmate by the inmate's case manager.
- b. If necessary, an inmate may request or be requested to waive his forty-eight (48) hour notice by initialing the appropriate section on the summary sheet.
- c. The classification panel, as a rule, consists of the Chief of Unit Management, Classification Coordinator, Case Manager, Mental Health Coordinator and Senior Correctional Officer.
- d. The classification panel will review an inmate's institutional record, discuss questions pertinent to placement/custody, consider an inmate's input, and make custody/institutional placement recommendations upon the factors considered. Inmates may appeal their classification per TDOC 401.05. A copy of the approved re-class is required to appeal.

4. Institutional Transfer

Regular transfer shall be undertaken only for essential inmate movement to effect appropriate programmatic, population management, and security assignment. Transfer based solely on inmate preference, convenience in visitation, or proximity to home is considered non-essential and should not occur.

Each inmate has a designated case manager and sergeant-inmate relations, who are members of the housing unit management team. There is also a unit manager that supervises the unit officer, sergeant-inmate relations, and case manager. You can speak to any member of the unit management team daily during his/her rounds.

Case managers and/or sergeant-inmate relations interview and work with their assigned inmates regarding all assignments and security changes. Case managers and/or sergeant-inmate relations monitor inmate progress, legal status, program participation and institutional adjustment.

The classification process begins at intake and continues throughout your incarceration at CORECIVIC-TTCC. You will be evaluated within 30 days by medical staff, mental health, and educational staff to develop your institutional program.

Privileges, work assignments, treatment opportunities, housing, and vocational training depend on your continuing classification, behavior and motivation toward self-improvement.

Case managers and/or sergeant-inmate relations are in the housing units daily. You may also submit an inmate request form stating information that you may need from your case manager or sergeant-inmate relations. Do not hinder sergeant-inmate relations and case managers not assigned to your housing units; you must address needs, wants, and concerns with your assigned unit management team members.

Classification Appeals

Should the inmate/resident disagree with any factual information used in any factor score, a request for justification may be made (utilizing the facility's inmate request form) to the classification supervisor/coordinator or designee for review. The request must be submitted Within seven days of the classification/re-classification date. The classification supervisor may deny the request when proper justification for the denial exists. This will be documented in the inmate/resident's classification record.

Any inmate needing to contact the foreign consultant needs to contact the unit case manager. This information may also be obtained in the facility library.

Reclassification reviews are done annually unless approved for a reassessment by the classification coordinator. Inmates are given 48 hours' notice prior to the review by the Unit Team but may be waived by the inmate if desired. If an inmate wants a review of the assigned

custody level, the inmate will put in an inmate request to the classification coordinator requesting for a review and/or appeal of the assigned custody level.

Unit Management

TTCC operates under the Unit Management concept. This concept is designed to ensure that as many of your needs and issues as possible can be addressed by staff in the unit where you are assigned. Included in the unit team are a unit manager, case managers, sergeant-inmate relations and correctional officers. Inmate request forms are available in all housing units. These information forms are used to request to discuss any issues that an inmate feels needs to be addressed

If you feel you cannot live with your cellmate you should speak with a member from your unit management team. This initiates the documentation necessary to begin intervention. If it is during hours when the unit management team members are unavailable, notify the shift captain on duty to assist in a resolution.

You must report maintenance problems within your cell or any issues you may have with you unit toilets, sinks, electrical plugs, lights, etc., to the officer or member of the unit management team.

Unit Manager-The unit manager supervises his/her assigned staff and all activities inside or related to the unit. She/he must evaluate the unit team on the performance of their duties, communication of responsibilities, their ability to provide leadership, and their efforts to ensure accountability.

- She/he must maintain daily contact with staff as this is essential for the safety, security, and sanitation of the unit.
- Offenders are assigned to a unit according to classification, job assignment, or other program needs.
- The unit management team members are responsible for the continuous monitoring of an offender's progress.
- Correctional counselors and case managers report directly to the unit manager and assist in the unit programs, assessment of offender needs, and provision of recommendations.
- Perform liaison functions throughout the facility
- The unit manager must make recommendations concerning personnel matters to include post assignments, promotions, and staff discipline.
- Delegate problem solving to correctional counselor and case manager.
- Makes daily rounds through the unit evaluating operations, talks with staff and inmates, and makes rounds through other areas in the facility where unit inmates may be temporarily housed, programmed or work.

Case Manager-The case manager's responsibilities in a functional unit include all of the traditional duties required to move an offender through a correctional institution.

- The case manager must maintain an awareness of corporate/facility policy, possess the technical expertise to assess correctness of reports, have a working knowledge of the parole board procedures as well as the legalities involved, and take an active role in direct treatment intervention.
- The case manager is the first contact for issues such as time computation, property coordination and is the liaison between the offender and the public regarding legal issues.
- Develop treatment plans.
- Functions as the assistant to the unit manager.
- She/he will not only function as a member of the unit team in all aspects of the programming process as it relates to offenders and their caseload, but will also conduct counseling sessions or other treatment modalities which make up the unit therapeutic approach.
- Fills in for other unit staff members when necessary commensurate with their training.
- Relieves other members of the unit team for meals and rest room breaks.
- Will help ensure that the sanitation of the unit is upheld.

Sergeant-Inmate Relations-The Sergeant-Inmate Relations is responsible for addressing daily living issues of inmates before they expand into incidents and ensures that services and programs are delivered to inmates assigned to the unit at the time and manner as designed.

- The first line supervisor is the correctional officer assigned to the unit team.
- Has the primary role in maintaining security controls in accordance with established policies, post orders and unit rules, and enforces handbook rules.
- Supervises both staff and offenders and assists the unit manager in the daily operations of the unit.
- In the absence of the unit manager, the Sergeant-Inmate Relations may serve as acting unit manager.
- Is the primary contact between the offenders and the rest of the unit and the institution?
- The role includes being a direct implementer of the agreed-upon treatment modalities, a fully functioning member of the unit team, a liaison between outside-the-unit activities and their implication for the unit team is the organizer and monitor of recreation and leisure-time activities and so on.
- In general, the Sergeant-Inmate Relations will have the most immediate, prolonged and intensive relationship with many of the unit's offender, and any member on the unit staff.
- The Sergeant-Inmate Relations supports and promotes compliance with the inmate's program plan.

Shares supervision of caseload of inmates with the case manager

Correctional Officer-

- Has the primary role in maintaining security controls in accordance with established policies and consistent with the therapeutic nature of the functional unit's program, and enforces handbook rules.
- Is among the most influential in setting the "tone" present in the functional unit because of their day-to-day interaction with the unit's offenders. The correctional officer is a central figure in the establishment and efficient functioning of the therapeutic community.
- The correctional officer should be viewed as a valuable contributor to the unit team for information about the offender.
- The correctional officer answers inmate inquiries or directs the inmate to the appropriate staff for resolution.
- The correctional officer must be oriented to the mission and goals of the unit and should be viewed as a valuable contributor to the unit team of information about an offender's level of progress.
- The correctional officer must exercise care to ensure that shift rotation is conducted in such a manner that it is not disruptive to the program's integrity. That is, an orderly, consistent pattern should be established, (e.g. relief, morning, day, evening).

The correctional officer must comply with all policies, procedures, and post orders.

Inmate Council

On an annual basis each unit manager will conduct an election to select an inmate representative and an alternate from each pod in their unit. These representatives will comprise a unit council, which will meet with their unit manager each month. Within seven (7) days of the pod representative election, an election for inmate council representatives will be held. An inmate council representative for each wing will be selected from the pod representatives in each unit. The inmate council representatives will present issues of an institutional nature which could not be resolved at the unit council meeting. A prepared agenda from each housing wing shall be forwarded to the Warden through the Unit Manager and/or Chief of Unit Management prior to the council meeting.

Protective Services

Inmates believing they are in need of protection should notify the unit manager and/or shift supervisor immediately. Be prepared to share with them why you feel you need protection and be prepared to fill out the required written documentation. You will be given specific instructions on what to do and what forms to complete. Requests will be forwarded to the unit manager or shift supervisor. Any staff person who believes an inmate may be in need of protective services may also initiate such a request without the inmate's request.

Should the unit manager or shift supervisor determine the request is warranted, the inmate will be placed in segregation Pending Protective Custody Investigation (PCI). An investigation by designated staff should be completed within seven (7) working days following the inmate's placement in PCI whenever possible. When the investigation is completed, the inmate shall meet with the Protective Custody Review board. The board member shall recommend if

Protective Custody is necessary or if the inmate should be returned to the general population. This recommendation is then forwarded to the Warden and TDOC Commissioner Designee for approval/denial. The Unit Manager shall then be responsible for ensuring the final decision by the Warden and Commissioner Designee is implemented. Once Protective Custody placement is approved the inmates behavior and adjustment will be reviewed every seven (7) days during the first sixty days of placement and then monthly thereafter for the duration of the placement or until the inmate is transferred.

CHAPTER 3 INFORMATION AND GUIDANCE FOR INMATES

General Rules of Conduct

Rules of acceptable conduct are a normal part of life, whether you are an inmate or are in society. This facility is no exception. These rules are important to the necessary management and control of a correctional facility. There are general rules of conduct that apply at CORECIVIC-TTCC in addition to policies. These general rules include:

You will be held responsible for your conduct.

There is **GENERAL RULES OF CONDUCT** that applies at TTCC in addition to the policies and/or previously documented. These general rules include:

1. Inmates cannot loiter/linger/delay in any part of the institution.
2. Inmates cannot body punch, horse play, or wrestle with any inmates at any time.
3. Inmates cannot create or participate in any disorderly conduct in the institution.
4. Inmates cannot use abusive nor vulgar language.
5. When talking to employees, volunteers, or attorneys, inmates will address them as Mr., Ms., Officer (Last name or use their title). Inmates will not call staff by their first names or by nick names. Inmates will show respect when talking with employees, volunteers and attorneys.
6. During all movement all inmates will walk single file down the right side of the hall/walk.
7. Inmates will be properly dressed at all times. **Outside the housing units:** Shirts should be tucked in. ID badges must be clipped to the left side of shirt. No long john sleeves/thermals should be visible or no pants should be rolled up. Pants should be pulled up to the waist, no shower shoes should be worn. **In the dayroom:** Uniform pants, shirts, and shoes should be worn.
8. Inmates will be in possession of their I.D. card at all times and must show their I.D., upon request, to any staff member.
9. You are responsible for your I.D. card. (And will be charged a \$5.00 replacement fee), and your housing wristband (you will be charged \$15.00 replacement fee). Replacement fees will be charged to you should wither the ID card or the housing wristband become , lost, broken, ripped or cut, intentionally damaged and need to be reissued the appropriate replacement cost will be charged to you. Should it become lost, broken, or need to be reissued for identification purposes there will be a \$5.00 replacement cost charged to you.

10. No jewelry items other than one watch and one wedding ring are permitted. The value of each allowable jewelry item cannot exceed \$50.00.
11. Running is not allowed in the institution or on the outside walk.
12. No radios are allowed at work or on the walks, unless going to and from the large gymnasium/recreation yard. Radios must be in the off position. Radios are only allowed out of the housing units by written directive from the warden or assistant warden; this does not include housing unit recreation yards if the housing unit rules allow.
13. There will be no personal property transaction between inmates, including, but not limited to, selling, loaning, trading or giving as a gift.
14. No food or drink, including coffee, is allowed outside of the housing units.
15. Smoking and/or the possession of tobacco products is strictly prohibited.
16. Inmates must place trash only in trash cans.
17. Inmates cannot spit in shower areas, sinks, and water fountains, on floors, sidewalks, trashcans, furnishings or people.
18. Inmates cannot alter, disfigure, damage or destroy any facility property.
19. Inmates cannot gamble.
20. Inmates must obey the directives and orders of staff and officers at all times.
21. Inmates cannot interfere with staff and officers in the performance of their job/duties.
22. Inmates cannot remove, alter or damage information posted on the bulletin boards throughout the institution.
23. Inmates cannot enter unauthorized areas.
24. Inmates are not allowed in work or school areas except during normal hours as assigned, unless they have been specifically authorized by the shift captain or higher authority due to special circumstances.
25. Inmates are expected to be dressed and ready when called for work, school or appointments such as medical, classification, and so forth. Tardiness can result in the loss of the appointment, etc.
26. Inmates must present themselves and their property to be searched by staff at any time when requested or ordered to do so.
27. Inmates cannot store cleaning supplies, plastic trash bags (empty nor filled with water) and/or sanitation equipment in their cells or dormitories.
28. Inmates cannot have cardboard boxes in their cells or dormitories.
29. Inmates cannot circumvent the administrative regulations of the institution, to include but not limited to personal property, visiting, telephone use, mail, recreation, food service, classification, commissary and laundry.
30. Inmates will be held responsible for learning and following the written policies, procedures, rules and posted signs in the institution.
31. Inmates cannot tuck their pant legs inside of socks.
32. Inmates cannot roll pant legs into a cuff around their ankles or lower leg.
33. No walking on the grass and no spitting on the concrete.
34. Noise must be kept at a reasonable level outside of the housing units. Yelling and screaming across the yard at inmates or staff is prohibited. Horseplay and wrestling are not permitted on facility grounds. Running on facility grounds, with exception of the gymnasiums and outside recreation cages, is prohibited.

35. Security Threat Groups (STG) activity is unauthorized and prohibited. Engaging in STG activities may result in disciplinary actions.

INMATES DO NOT HAVE CONTROL OVER ANY INMATES

The responsibility for the supervision of inmates belongs solely to staff of TTCC and cannot, nor will be delegated to inmates. No inmate or group of inmates will be given control or authority over any inmate. Staff will not designate an inmate supervisor nor assign an inmate work/program detail, give preferential treatment to another inmate, or show favoritism toward an inmate at any time. (Inmates participating in the RDAP treatment program will at some point during the program will be afforded an opportunity to assume a leadership/mentoring role.)

During court and/or any outside transports:

1. Inmates should have one pair of socks, one pair of underwear, one t-shirt (no long- john shirt or pants), one pair of pants, and one shirt only. All inmates are required to wear the approved or state issued shoes. Your TDOC- issued I.D. badge is a part of your uniform and you must have that to go on an outside transport.
2. No KOP medicine except an inhaler or Nitroglycerine.
3. No paperwork other than that which is necessary for their court case. No pictures, personal phone numbers, personal mail, or religious materials of any kind will be kept by the transportation officer; we will not take responsibility for unauthorized items.
4. No hair combs or hygiene items of any kind.
5. Inmates are not allowed to return to housing units to retrieve any documents from their units once they are released from the housing unit.

Cell/Dorm Expectations

Each inmate is assigned to a specific housing unit and bed assignment. Inmates cannot change bunks without permission, including bunk moves within individual cells. Once assigned to a unit you are not allowed to visit another unit. **IF IT IS DISCOVERED THAT YOU HAVE MOVED WITHOUT PERMISSION, DISCIPLINARY ACTIONS WILL FOLLOW.** Only a Shift Commander/Unit Manager or above can authorize bunk or cell moves.

1. Inmate Housing/cells/bunks and dayroom areas are expected to be ready for inspection/tour ready Monday through Friday during the hours of 8:00a.m. to 4:30p.m.
2. Inmate Housing cells/bunks and dayroom areas may be inspected daily by Administrative Duty Officers, Unit Team Members, various TTCC supervisor staff members, and TDOC officials.
3. Inmates will greet the inspectors as they enter the units. "Good morning ma'am, good morning sir. Unit ____ is ready for inspection" An announcement will be made to prepare for inspection and inmates will have five (5) minutes to prepare for their unit inspection. After the inspection, the inmate will be given an order to resume normal activity.
4. Inmates are to be outside of the cells, standing at attention, hands down to their sides and not in pockets, no beverages or food in hands during inspection, also no leaning or feet propped on the walls.
5. Inmates are not allowed to talk to each other during inspection.

6. Posted in each housing unit dormitory will be a clear diagram of how cells are to be organized, beds made, property storage, where appliances are to be placed, how clothes are to be folded and placed on shelves and where shoes are to be. Cell furniture shall be kept clean at all times.
7. Inmates shall place all dirty laundry in their laundry bag and will place it in such a manner so as not to interfere with visibility.
8. Inmates shall not cover air vents so as to interfere with the free circulation of air.
9. Inmates shall not hang items from sprinkler systems, walls, lights, and ceilings in their cells. Items shall not be placed over any windows, etc. as to obscure vision or impede security.
10. Pictures displayed (not hung) in rooms shall be no larger than 8" X 10". Obscene or offensive pictures will not be allowed. No pictures, etc. shall be attached to cell walls, or doors and will be only in approved area to post family/friend pictures.
11. All lights, televisions, and radios will be turned off by the inmate prior to leaving his cell. Failure to comply may result in disciplinary action.
12. All inmates are responsible for cleaning up after themselves when using common areas such as day room, tables, etc.
13. When moving out, an inmate is responsible for cleaning his cell. All cells will be checked by an officer for damage and sanitation BEFORE the inmate physically moves out of the assigned housing location. Damage to a room caused by an inmate is grounds for disciplinary action and may result in reimbursement for repair costs by the offender.
14. Inmates must use their radios, televisions, tape players, etc. with earphones. Makeshift radio or television antennas are not allowed (no wires may be visible.)
15. Light fixtures/bulbs will not be shaded under any circumstances. You cannot put homemade covers, shades or other items on lights in living areas
16. Items cannot be placed, stored or hung on the windows, on walls or in front of vents.
17. Do not attach pictures, photos, washcloths, towels, paper, or toilet paper to any air vents or light fixtures.
18. You cannot hang towels, blankets, clothing or other items in living areas anywhere (not on door knobs, doors, windows, lights, stair case, rails, tier rails, tables, chairs etc) other than the designated hooks. Clotheslines are unauthorized and strictly prohibited.
19. Homemade extension cords and hangers are prohibited. Only authorized surge suppressers may be used.
19. Inmates are not allowed to loan, sell, buy, or barter property or inmate goods with other inmates. This includes passing of any products, such as commissary items, clothing and/or any meals provided by the food service department.
20. Inmates must be in their unit at least thirty (30) minutes prior to any count. Inmates must be in their cells with doors locked and shut during each count. **Prior to the morning and evening count inmates must stand up or sit on their bed during count.**
21. Inmates are responsible for the cleanliness of their cells. Books, magazines, and newspapers must be neatly arranged. Only personal property, excluding legal materials, equaling a total of six (6) cubic feet is allowed. Exceptions to the six cubic feet personal property requirement are the following: legal materials, prescribed medical equipment, fan, television, approved musical instruments, and state-issued linen. All personal

- property must be kept neat and orderly. All property must be folded and stored neatly in the issued storage containers under the lower bed.
22. You cannot use a bunk or tote that is not assigned to you.
 23. Beds must be made when not being used for sleeping.
 24. Trash is to be removed from cell daily. Cells are to be swept and mopped daily. Beds must be made prior to the inmate leaving the cell.
 25. Inmates will not alter the decor of their rooms. There will be no unauthorized marking/painting, writing, drawing, hanging, or taping anything on the walls, ceilings, floors, doors, fixtures, shelves, vents, or sprinkler heads. Inmates who damage or destroy CoreCivic property are subject to disciplinary action, and/or reimbursement or repair costs. (Family/friend pictures will be the only items taped to cell wall in approved area)
 26. Inmates will not flush anything other than toilet paper down the toilets.
 27. You cannot throw trash or other items on the floor in or outside your living area. Trash will be put into trash cans.
 28. You cannot urinate in the showers. Shower times vary by unit. Kitchen workers will be authorized a shower before and after reporting to work. Cardboard is not allowed in the cells.
 29. All arts and craft projects must be mailed home upon completion. These items are not allowed to remain in the inmate cells. Violations of this rule are grounds for disciplinary action. (only allowed to work on one craft at a time)
 30. All cleaning supplies will be kept in a locked area of the unit. Inmates wanting to obtain cleaning supplies must check them out. Disciplinary action may be taken if cleaning supplies are found in an inmate's cell.
 31. Inmates are responsible for any and all items in their cell. Any item found in their cell, which is not allowed by institutional and/or departmental policy, and procedure will be considered as contraband. It will be confiscated and disciplinary action will be taken. If two (2) inmates occupy the cell, **both shall be charged.**
 32. Noise must be kept to a minimum in the housing units. Loud talking, horseplay, and wrestling are not permitted.
 33. Inmates are to respond promptly to authorize call-outs.
 34. Inmates are not allowed to visit other inmates in the cells, work assignments, programs building, medical waiting room, commissary, laundry, property rooms, intake area, nor other housing units.
 35. Inmates are not allowed to be in a complete state of undress unless they are in the shower. Inmates are not permitted to be undressed while going to and from the shower. Inmates must have on at least a T-shirt, shorts (not underwear) and shoes while in the day room. Inmates must have their IDs visible on their person at all times.
 36. Inmates will not be allowed out of their cells after 9:00 p.m. with the exception of assigned third shift workers unless approved by the Unit Manager or above.
 37. Inmates are not allowed to take commissary or personal items out of the unit without permission from the unit manager/designee (i.e. personal drinking cups/mugs cannot be taken out of the unit).

38. Showers will be allowed at designated times. Inmates cannot urinate in the shower. Inmate food service workers will be allowed to shower when they return to the unit after work.
39. All inmates leaving the unit will be dressed in State issued blue clothing and **hands will be visible at all times**. Inmates in route to an authorized recreational activity may wear leisure clothing as defined by policy. Shirts will be tucked in at all times. Pants will be worn on the waistline. **Pants** will not be worn sagging at any time. **Caps, toboggans, are prohibited on the walkways at any times.** Religious headgear may be worn per TDOC policy 118.01, Religious Programs. Religious items shall be carried to and from religious services only. Necklaces will be worn under clothing and shall not be visible except during scheduled religious services. Coats may only be worn to and from recreation and dining facility when weather permits, otherwise, there will be no coats worn outside the housing unit. **No coats, toboggans, nor gloves are to be worn during the months of April 1 through October 1.**
40. **Tobacco products are prohibited throughout the entire facility.**
41. Inmates will not be allowed to bring kitchen food or supplies into the unit unless authorized by the medical department.
42. Radios are not permitted outside the cells. Walkman-type radios with earphones are allowed outside the cell, to recreation activities only.
43. Horse playing or excessively loud noises are prohibited.
44. Wagering or the use of wagering devices is not allowed.
45. Inmates must follow the approved and posted Tier Management Schedule. The Tier Management Schedule will be strictly enforced. It is the responsibility of the inmate to secure their legal mail, personal property, commissary etc. when leaving their cell. During designated tier time, ALL cell doors must be secured. During Tier Management cell doors will only be opened during the "red zone" times which will allow the Inmates on tier time to go back into or come out of their cells. At no time will Inmates scheduled out of their cells during tier management be allowed to talk to, pass notes, or any other items to other inmates through the cell doors when inmates are confined in their cells.
46. Only approved fire retardant rugs may be used as religious rugs (applicable religions) per fire and safety requirements. All rugs must have a non-skid backing and factory labels must be attached. The rug will be considered contraband and it will be confiscated if the rug does not contain a non-skid backing and/or a factory label.
47. Intercoms located in inmate cells are for communication purposes only. Any inmate(s) found tampering with, covering or causing damage to an intercom will be subject to disciplinary action.
48. When exiting the housing area, inmates will walk to the right hand side behind to the right of the hall inside of buildings which includes the rotunda and hallways. This will help avoid congestion and encourages inmates to maintain a low level of noise at all times. When outside inmates will walk single file to the right of the red painted line on the sidewalk/walkways. **Inmates will walk in a single file line with their hands to their sides not in pockets.** Inmates will not be allowed to walk in the grass.

49. Inmates are not permitted to congregate (grouped or clustered together) on or underneath stairways, catwalks, or rotunda areas in the housing units. These areas must remain clear at all times.
50. You are not allowed to visit other housing units, cells or dorms that you are not assigned. You cannot loiter or congregate in the hallways. If you are assigned to work in the hallways you are expected to work and not sit nor congregate in the hallways. Inmate workers delivering meal trays must not go past the sally port. The inmate worker is to push the trays into the sally port and leave.
51. Inmates are not permitted to sit on top of any tables or stairs anywhere at TTCC.
52. Inmates entering the chow hall will be dressed in State issued TDOC uniforms. Inmates will not carry coats (during unauthorized times) or any other items into the chow hall. Inmates will not be allowed to carry condiments to or from the chow hall.
53. No items will be left outside of the cell at any time. You must keep your living areas clean, neat and free of contraband.
54. Inmates will follow verbal or written orders from all CoreCivic staff and/or authorized facility contract employees. Violation of this may result in disciplinary action.
55. Inmates will not lean or sit on the hand rails in the housing units, chow halls, pill call, nor back dock.
56. **You are not permitted to leave your housing unit without the permission of your unit officer.**

Multiple -Inmate Cells

If you are assigned to a multiple-inmate cell, all inmates living in the cell will be held accountable for an infraction that occurs within the confines of such cell unless you can establish a lack of involvement in the infraction.

Dayrooms are provided in each housing unit area for leisure-time activities. Televisions are provided in each day room, except segregation. Choice of program is based on majority rule and all inmates are expected to be cooperative in this regard. If problems develop with program selection, the television may be turned off and the persons involved will be subject to disciplinary action.

Other leisure activities including games such as checkers, chess, dominoes, and cards will be provided by the recreation department and these games may be played in the dayroom area.

Each unit has published "House Rules;" these unit rules are different from one unit to another. You are responsible for knowing your unit rules and complying with them.

Sanitation

You are responsible for ensuring that your personal living area is kept clean and orderly at all times and that your personal property is secured in your tote. You are expected to make your bed upon waking and to help keep the common areas of your dormitory/cellblock clean. Your unit may have to undergo daily and/or weekly inspections. Failure to participate in housing inspection may lead to disciplinary action. Failure to comply with these rules will result in disciplinary action.

Laundry Procedures

Trousdale Turner Correctional Center will operate a central laundry service for the cleaning of all inmate clothing, bedding, and linen. Inmates will place their dirty clothing/bedding into their laundry bag (tagged with their TDOC number) and tie the bag securely. Laundry will be picked up and returned to each unit in accordance with the posted schedule and procedures. Clothing, bedding, and linen exchange will be accomplished in accordance with the posted schedule. The schedule denotes the time, weekday, and particular item (clothing or bedding). For the best washing results fill your laundry bag with 15 items or less. You are responsible for putting your name and TDOC # on your laundry bag.

Unit staff members needs to verify that the inmate actually needs the items on the list at which time the unit staff member should sign off on the request. Inmates can then place laundry request/exchange forms in the **BLUE** mailboxes which are located next to the chow hall.

Blankets are not to be included in the laundry bag. If blankets are placed in a bag with other laundry, the entire bag will be returned unwashed.

If clothing has been altered by an inmate they will need to receive a DR and also be charged for the replacement of the altered clothing which should be documented on the request form that the inmates fills out.

Inmates will not go to laundry to have their orders filled or to pick up their laundry. Any inmate sent to laundry to request clothing will be sent back to their housing unit without the order being filled.

The Sergeant – Inmate Relation is the primary unit team member to resolve issues involving inmate laundry. The inmate should be specific with any issues they have and document any items lost or not returned from the laundry.

Rules Governing Inmate Movement

Movement within the institution is monitored and controlled for safety, security, accountability, and orderliness. Mass movement is the movement of all inmates, or a large number of inmates, at the same time from a housing unit to another location such as programs. Individual movement is one inmate traveling from one location to another. All inmates will walk in a single file line on the right side of hallways/walkways/sidewalks during either individual or mass movements.

1. Inmate movement inside the facility will be controlled through a building schedule: such as meals, recreation, facility programs, work call, and religious services.
 - Appointment passes will be issued by medical services, disciplinary, and grievance boards.

- For other appointments (job coordinator, etc.) the appropriate staff will notify the unit officer or work supervisors so that the inmate can be granted authorization to travel to his appointment during scheduled movements.
 - During visitation hours, the Unit Officer will issue the inmate a visitation pass when notification is received. The inmate will be allowed to travel to the visitation area at that time. **The pass will be reissued to the inmate upon completion of his visit to return to his assigned housing unit.**
2. Any inmate found in violation of these rules will be considered, "Out of Place" and will be subject to disciplinary action.

During all movement inmates will must be fully dressed, shirts tucked in, have their pants pulled up (no sagging), and no socks tucked into pants.

All inmates will avoid loud talking and placing their hands in their pants. Inmates will avoid stopping by unscheduled and/or unauthorized areas.

Telephones

Trousdale Turner Correctional Center provides telephones for inmate use. Telephones are available in each housing unit for you to make personal calls. Upon your arrival to the facility you were issued a telephone pin number. Your pin number is your CoreCivic identification number plus the last four of your social security number. Inmates without a social security number will be issued a random pin number

The phones can be used between the times of 6:00 a.m. and 8:00 p.m. or according to the posted schedule within the facility. At no time will **except during count**. Inmate phones are located in each pod. All telephone calls shall be limited to thirty (30) minutes. **Toll free 800/900 numbers are not permitted.**

You are expected to conduct your telephone conversations in an acceptable manner. Obscene, loud or threatening language will not be permitted and can result in the termination of the call and suspension of telephone privileges. Three-way calls are not permitted. You may face disciplinary action if you engage in three way phone calls. Telephone calls are monitored and recorded by the facility personnel.

Telephones are programmed to cut off automatically after a specific amount of time. Each inmate may make only one call and then must allow the next inmate to use the telephone in a timely matter. Prolonged telephone use will not be permitted.

Each inmate will make his own calls. No inmate will make calls for another inmate. Inmates cannot use another inmate's pin number to make a telephone card. Only one inmate at a time may use a telephone; no interchanging of the phone or group call is allowed. Abuse can result in disciplinary action and loss of telephone privileges.

Any abuse of the telephones by an inmate shall be cause for disciplinary action. This includes but not limited to pulling phone cords past their limitations or slamming phone against hard surfaces. If the system detects a three-way call in progress, the number will automatically be disabled.

CONVERSATIONS ON INMATE TELEPHONES ARE SUBJECT TO MONITORING AND RECORDING WITH THE EXCEPTION OF APPROVED ATTORNEY CALLS.

THE INMATE PHONE SYSTEM WILL BE SHUT OFF AT 2000 (8:00 p.m.) EACH NIGHT AND WILL BE TURNED ON AT 0600 (6:00 am) EVERY MORNING

Core Civic-TTCC will not be responsible for any unpaid telephone bills. Blocked telephone numbers will not be accessed by Core Civic staff. If you feel that one of your phone numbers is blocked these are automated systems and Core Civic-TTCC does not place blocks on inmate phones unless the phone customer has called here and requested one. Any blocked number can be sent to the facility investigator by inmate request form. Also advise friends and family members to contact their phone company to have any unwanted blocks removed from their end.

Telephone access is a privilege, not a right. If the rules for use are abused, the privilege will be lost. Inmates housed in Special Management Housing Units telephone calls are based on your custody status. No inmate is allowed to use the telephone during any headcount procedure.

Special phone calls will be permitted by request only in the case of death or serious injury. Requests to use the phone in the case of an emergency will be sent to the Chaplain. Any inmate needing to contact the foreign consultant needs to contact the unit manager. This information may also be obtained from the facility library.

Inmates with hearing and/or speech disabilities, and inmates who wish to communicate with parties who have such disabilities, are afforded access to a Telecommunications Device for the Deaf (TDD), or comparable equipment. A Telecommunication Device for the Deaf (TDD) is available for those inmates who are hearing impaired. Inmates shall submit a written request to a member of their unit team for such assistance.

Core Civic-MDCDF Policy 16-100, entitled Inmate Access to Telephones, is available for you to read in the inmate library.

Inmate's Allowed Telephone Number (ATN) list

During the orientation period inmates must complete and Allowed Telephone Number List form and submit it to a member of their unit team. The ATN list allows each inmate to list 10 telephone numbers of friends and family they want to contact by telephone. The ten numbers cannot be a business, 800, or 900 telephone number with remote call forwarding services. Attorney and Clergy numbers are not recorded or monitored, they are considered private.

Inmates will be given an opportunity to make changes to the ATN list 4 times a years determined by the quarterly schedule determined by the Warden and/or designee.

Inmate's Allowed Attorney Telephone Number List

During the orientation period inmates must complete an Attorney Telephone Number List form and submit it to a member of their team. This list allows each inmate to list 10 telephone numbers of licensed attorneys, to call. The inmate must actually be a client of the attorney. The Unit Management staff will call and verified the attorney license and that the inmate is actually a client. Attorney numbers are not recorded or monitored, they are considered private.

Inmate will be given an opportunity to make changes to the Attorney Telephone list when applicable.

Recreation

Recreation programs at Trousdale Turner Correctional Center are offered on the recreation yards, in the gym, and in housing unit day rooms (table games only). The following organized activities are offered to the inmates at Trousdale Turner Correctional Center, as well as times when inmates are not in school, programs, work, etc.: basketball, hobby crafts (in cell only), weight lifting, and other activities as deemed appropriate.

Recreation may be restricted for disciplinary reasons. A schedule is posted in each housing unit listing these opportunities. A recreation program exists for your use with planned activities year round. A sports program includes, but is not necessarily limited to, basketball, volleyball and weightlifting. Additional recreational/leisure-time activities will periodically be provided.

Monthly schedules of recreation activities are posted in the housing units and in the gym.

While additional rules governing the recreation program and use of the gym and equipment are posted in the gym, the following general rules apply to the gymnasium and outside recreation yard:

- a. The gymnasium and outside recreation yard is a multi-purpose area for recreation and special activities. During gym periods, appropriate gym clothing and athletic shoes must be worn.
- b. For activities other than regular gym, the standard dress code will be in effect.
- c. There will be no glass containers in the gymnasium and outside recreation yard.
- d. No extra clothing or blankets will be taken to the gymnasium and outside recreation yard.
- e. Entering and leaving the gymnasium and outside recreation yard will be as directed and in an orderly fashion.
- f. During regular gym periods all inmates who go to the gymnasium and outside recreation yard will remain in the gym and recreation cage until the conclusion of that period.
- g. Inmates in general population may take their radios to the gymnasium and outside recreation yard. Consistent with established policy inmates are not to borrow, trade,

swap or steal another inmate's radios. Radios (in the off position) may be taken from your housing unit directly to the recreation yard. Radios (in the off position) should be returned directly to your unit (in the off position). Radios are not allowed anywhere else; they cannot be taken to the visiting room or health services should you be called in from the yard. You must return to your unit with your radio before you will be allowed to go to another area of the institution.

- h. Legal papers, religious literature, etc. are not allowed in the gymnasium and outside recreation yard.
- i. Equipment will be issued to an inmate by taking his I.D. card. Inmates are responsible for the equipment checked out to them.
- j. All inmates entering or leaving the gymnasium and outside recreation yard are subject to I.D. check and shakedown.
- k. Movement to and from the gymnasium and outside recreation yard will be in an orderly manner.
- l. There will be no formation of groups larger than four inmates permitted in the gymnasium and outside recreation yard, other than those groups engaging in an authorized sporting event. There will be no military drills, martial arts, wrestling or horseplay in the gymnasium and outside recreation yard.
- m. There will be no hand wraps or anything that could be used to conceal items of contraband in the gymnasium and outside recreation yard.

Upon completion of recreation you are to line up in a single file line with shirt(s) tucked in, hands behind your back, quiet and remaining on the right side of any hallway entered.

Inmate Grievances Procedures

The facility has a system in place where inmates can air a complaint. Inmates are required to attempt to resolve all issues at the lowest level unless an emergency exists (immediate threat to your health and/or personal safety).

It is encouraged that prior to utilizing the written procedure you should attempt to resolve the complaint through discussion with the individual responsible for the action causing the grievance. If this attempt fails, you should discuss the matter with your unit management team. They may be able to quickly resolve your concern. If the concern remains unresolved you should begin the steps listed below.

Each inmate at Trousdale Turner Correctional Center has the right to utilize the grievance procedure without fear of reprisal. The grievance procedure provides a forum in which inmates may formally raise their concerns over incidents or conditions that personally affect them and allows these complaints to be considered and addressed at both the institutional and TDOC central office level.

Grievance forms are available in the housing units and in the library. Grievances should be deposited in any locked grievance deposit box located in each housing unit and in front of each dining facility. The grievance box is emptied daily, Monday - Friday. Emergency grievances

should be forwarded to the unit manager who will ensure the grievance chairperson receives it by the end of the business day. Whenever the chairperson is not available for immediate attention, it should be forwarded to the Shift Supervisor for immediate attention. If the matter is deemed a non-emergency, then it will then be processed through normal procedures. All grievances must be filed within seven (7) days of the occurrence or most recent in a series of occurrences giving rise to the grievance, with the exception of a Title VI complaint. All Title VI complaints must be filed within 180 days of the occurrence of an alleged discriminatory act. The grievance committee is made up of staff and inmate members that are elected yearly. Results will be posted in all housing units and the grievance office.

TDOC Policy 501.01, the grievance handbook, and TTCC procedures regarding hearings, election, and emergency grievances are located in the legal library for additional information concerning inmate grievances. The review of these materials by inmates is encouraged due to the fact that some complaints are inappropriate to the grievance procedure and have other means of appeal. If you have any questions concerning the grievance process, you may contact the grievance chairperson via information request.

An emergency grievance pertains to situations involving personal injury or irreparable harm. When the grievance is of an emergency nature please immediately contact the next available staff member. In the event it is necessary to file the emergency grievance on weekends or holidays, the sealed envelope will be given to the shift supervisor. The shift supervisor will ensure the administrative duty officer (ADO) is notified upon receipt of the emergency grievance.

Unit Management Team

Verbal meeting to address concern

Grievance level one

Must be completed within 7 days of event

Grievance level two: Hearing

Hearing held and board recommendation given to Warden

Appeal must be completed by offender within 5 days of notification of Warden decision.

Grievance level three: Commissioner

The Commissioner has 25 days upon receipt of grievance to render a decision.

All level three decisions are final and not subject to appeal.

CHAPTER 4 FOOD SERVICE

Meals

Three meals are served daily. Unit procedures regarding meals are available in the housing units. Each meal will be prepared in accordance with established health standards and meet daily nutritional requirements

All meal items provided by Trinity Food Services must be consumed during meal times. These meal items may not be hoarded or saved for consumption later. If found these items will be discarded.

Special Diets

Special diets are provided with written approval by the health care staff. A written verification must be presented to the food service supervisor in the forms of a special medical diet. If an inmate's religious faith precludes his eating any meat items on the menu, the inmate may choose the alternate entree for each meal. The chaplain is available to assist in religious diet/menu selection counseling. If you are receiving a special diet you will be required to sign for the receipt of your diet during meal time.

West Chow Hall/Dining Room Procedures

- Inmates from Education (Building M) A, B and E Buildings will enter the west dining hall on the left side.
- Inmates will receive a food tray from tray window. **Inmates will not be allowed to exchange food from trays at any time.**
- Inmates will be seated on the table being seated at the time of dining. Inmates will not skip a table.
- After eating, inmates will be released to return their tray according to their seating row.
- Inmates will then be release back to housing or Education

All inmates must wear TDOC uniform before being allowed to enter the chow hall/dining room. Shirts will be buttoned and tucked into pants. Inmates must also wear socks and shoes (no shower shoes/flip flops). Shoes will be laced and tied. No hats, bandannas, sweatbands, sunglasses etc., will be allowed in the chow hall/dining room.

East Chow Hall/Dining Hall/Procedures

- Inmates from C, D, F and W Building will enter the east dining hall on the left side.
- Inmates will receive food tray from tray window. **Inmates will not be allowed to exchange food from trays at any time.**
- Inmates will be seated on the table being seated at the time of dining. Inmates will not skip a table.
- After eating, inmates will be released to return their tray according to their seating row.
- Inmates will then be release back to housing.

All inmates must wear TDOC uniform before being allowed to enter the dining room. Shirts will be buttoned and tucked in pants. Inmates must also wear socks and shoes (no shower shoes/flip flops). Shoes will be laced and tied. No hats, bandannas, sweatbands, sunglasses, etc.... will be allowed in the dining room

CHAPTER 5

RIGHTS AND PRIVILEGES

Rights

As inmates of the Department of Correction, you have certain rights and privileges. You also have certain responsibilities. Listed below are those rights, privileges, and responsibilities:

1. You have the right to expect that as a human being, you will be treated respectfully, impartially, and fairly by all departmental personnel.
2. You have the right to be informed of the rules, procedures, programs, and schedules concerning the operation of the institution. You will have access to all institutional programs and services without regard to your race, religion, national origin, political views or physical handicap.
3. You have the right to freedom of religious affiliation and voluntary religious worship.
4. You have the right to health care which includes nutritious meals, proper bedding, and clothing; a laundry schedule for cleanliness of the same; an opportunity to shower regularly; proper ventilation for warmth and fresh air; a regular exercise period; toilet articles; medical and dental treatment.
5. You have the privilege to visit and correspond with family members and friends and correspond with members of the news media in keeping with the facility rules and schedules. You have the right to uncensored and un-inspected outgoing correspondence with members of the news media through the prisoner's mailbox system.
6. You have the right to unrestricted and confidential access to the courts by correspondence on matters such as the legality of your conviction, civil matters, pending criminal cases, and conditions of your imprisonment.
7. You have the right to legal counsel from an attorney of your choice by interview and direct correspondence.
8. You have the right to participate in the use of law library reference materials, paper, and typewriter, to assist you in resolving legal problems.
9. You also have the right to receive help when it is available through a legal assistance program (i.e... law library aides, Lexis Nexis).

10. Failure to abide by facility of Departmental rules and regulations, abuse of resources, and misuse of privileges may result in disciplinary action and/or loss of privileges.
11. You have the right to protection from personal abuse, corporal punishment, personal injury, disease, property damage, or harassment.

Privileges

Privileges are defined as a special advantage enjoyed by a person. There are many privileges granted and earned by inmates.

The privileges include:

- a. Visitation;
- b. Commissary;
- c. Some recreational activities; and
- d. Regular use of the telephone.

You have the privilege, if qualified, to participate in education programs and work opportunities as resources are available and in keeping with your interests, needs, custody status and abilities.

Abuse of these privileges or facility misbehavior will result in the loss of these privileges.

Your Responsibility

With these rights and privileges come certain responsibilities of the inmates.

NO CONTRABAND

NO DISORDER

NO ESCAPES

NO GANG / THREAT GROUP ACTIVITY

Any of the above will result in facility and/or criminal charges.

Employee/Offender Relationships

Social relationships between staff and inmates are prohibited, including but not limited to emotional, sexual or romantic attachments. Sexual misconduct, sexual harassment or sexual abuse by any person will not be tolerated and should be reported immediately to any staff member.

Title VI of the Civil Rights Act of 1964

Trousdale Turner Correctional Center will not discriminate on the basis of race, color, or national origin in any aspect of its provision of services. You may have access to all institutional programs and services for which you are entitled or eligible regardless of race, color, or national origin.

Title VI of the Civil Rights Act of 1964 states that “No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

- ◆ Offenders in TDOC custody should use the established inmate grievance process (Policy #501.01). All Title VI complaints must be filed within 180 days of the occurrence of an alleged discriminatory act. Only one subject or incident will be addressed in a grievance. All copies of the form must be legible and intact. Use of the TDOC grievance procedure is not a prerequisite to the pursuit of other remedies.
- ◆ Visitors and other individuals shall submit details of alleged violations via letter or direct communication to the respective Title VI Site Coordinator. No special forms are required to file a Title VI complaint.
- ◆ Any individual may file a Title VI complaint with the below listed entities. It is preferable, but not required, that complaints be registered at the local level first to expedite complaint investigation and resolution.

*****If any other protected classes are listed (i.e., sex, age, physical handicap) they should be removed. The only protected classes that should be listed are the above highlighted (race, color, or national origin) *****

Additionally, these following addresses must also be included:

Tennessee Human Rights Commission
Office of Title VI Compliance
312 Rosa L. Parks, Avenue, 23rd Floor
Nashville, TN 37243-1102
Phone: 615.741.5825 Fax: 615.253.1886
E-mail: titlevicompliance@tn.gov

U.S. Department of Justice
Civil Rights Commission
Federal Coordination and Compliance
Section, NWB
950 Pennsylvania Avenue, N.W.
Washington, DC 20530
1-800-848-5306 (Toll free voice & TTY)

P.R.E.A

Prison Rape Elimination Act of 2003 42 U.S.C. § 15601

In 2003, Congress passed the Prison Rape Elimination Act requiring all prisons and jails to communicate certain information to its inmates regarding sexual abuse/misconduct/harassment. Specifically, inmates engaging in consensual or non-consensual sexual conduct with other inmates will be subject to disciplinary sanctions within the realm of the facility disciplinary system in addition to any criminal charges that exist. Additionally, employees and civilians are prohibited from engaging in sexual conduct with inmates regardless of consensual status. Any employee/volunteer/contract staff in violation will be subject to administrative and criminal charges.

This facility also prohibits staff and inmates making verbal statements or comments of a sexual nature as well as profane or obscene language or gestures. This includes all completed, attempted, threatened or requested sexual acts including indecent exposure.

Inmates should immediately report incidents of sexual abuse/misconduct/harassment to any employee even if you are not involved. If you witness incidents of this nature, immediately report it to any staff member. All reports or alleged reports of sexual abuse/misconduct/harassment will be taken seriously and immediately reported to the Warden and investigated. Results of the investigation shall be documented and remain confidential. Appropriate medical evaluation and/or treatment protocols will be followed including counseling. As an inmate you have the right to be protected from any unwanted sexual act or threat of a sexual act. If you are ever approached, threatened, or physically assaulted sexually you must report this. You may do this by reporting the incident to any staff member or you may call the P.R.E.A. incident reporting number, by dialing 91 on any inmate phone. If you wish to report anonymously to an outside agency, *453 on the inmate phones will connect you with the National Sexual Abuse Hotline.

You should report alleged or actual incidents, of P.R.E.A. immediately to the unit manager and/or the shift supervisor, be prepared to verbally discuss and write down the events on an incident statement. If you are unable to read or write be prepared to verbally discuss the events of the incident so that it may be documented in your words in a written format. If you wish to report anonymously to an outside agency, *453 on the inmate phones will connect you with the National Sexual Abuse Hotline.

TTCC will then initiate procedures to protect you from further harm or from any retaliation. TTCC will also provide medical and mental health services. If possible it is important not to eat, drink, brush your teeth, and bathe as to preserve evidence. Our mental health staff will also provide or establish for your support services.

Sexual Abuse Prevention & Response

It is Trousdale Turner Correctional Center's mission to provide a safe, humane and appropriately secure environment, free from threat of sexual assault for all inmates, by maintaining a program of prevention, detection, response, investigation, and tracking of all alleged sexual assaults. TTCC has a zero tolerance for incidents of sexual assault within the facility.

Sex in correctional settings such as prisons, jails, and detention facilities is prohibited. There is no consent to sexual activity. Any act makes you either a perpetrator or a victim. You can help prevent sexual misconduct in this facility. If it happens you can help prevent it from happening again.

Dial 91 for immediate assistance leave your name, housing unit location, and situation which you have determined to be of a sexual nature by verbally telling any employee or by forwarding a letter to the warden sealed and marked "confidential." If you wish to report anonymously to

an outside agency, *453 on the inmate phones will connect you with the Nashville Sexual Assault Center Hotline.

What do I do if I am a victim or know of someone that is a victim of a sexual assault, abuse, or misconduct?

- Do not shower or otherwise clean yourself, or if the assault was oral, do not drink or brush teeth, or otherwise take any action that could damage or destroy evidence.
- Report the incident immediately to **any** employee or
- Call the **PREA Hotline Number by dialing 91 on the inmate's phone** for an immediate method to report. Leave your name, housing unit location, and situation which you have determined to be of a sexual nature by verbally telling any employee or by forwarding a letter to the warden sealed and marked "confidential." If you wish to report anonymously to an outside agency, *453 on the inmate phones will connect you with the Nashville Sexual Assault Center Hotline.
- Or contact: Nashville Sexual Assault Center
101 French Landing Drive
Nashville, TN 37228
615-259-9055
*453 (from inmate phone system-free call)

A Victim Support Coordinator will provide counseling and assistance to any inmate reported to be a victim of a sexual assault. The "on duty" mental health provider and/or the Chaplain are designated as the Victim Support Coordinators at TTCC.

Any inmate who displays behavior for potential victimization may be referred to a member of the mental health staff for screening and identification for consideration of protective custody by any staff member. Counseling staff shall meet with each inmate identified and offer counseling if desired.

Any inmate who displays predatory behavior may be referred to a member of the mental health staff for screening and identification as a high risk sexual predator by any staff member. Counseling staff shall meet with each inmate identified as high risk for the purpose of reviewing, monitoring behavior and offer counseling if desired. Mental health referrals may also be made in accordance with TDOC Policy 113.82 .

Third Party PREA Reporting Method(s):

External parties (such as inmate family members or other outside contacts) can call the Ethics Hotline at 1-866-757-4448 or they can report a PREA allegation directly by calling the facility at 615-808-0416.

CORECIVIC Headquarters (Facility Support Center), 10 Burton Hills Blvd, Nashville, TN 37215 | Phone: 1-800-624-2931

Warden's Office, 140 Macon Way, Hartsville, TN 37074 | Phone: 615-808-0416
Nashville Sexual Assault Center: 101 French Landing Drive Nashville, TN 37228 | Phone: 1-800-273-8712

TDOC PREA Tip line, 320 Sixth Ave North, Nashville, TN 37243-0465 | Phone: 615-253-8178
National Sexual Assault Hotline at 1-800-656-4673

For the inmate population: Calling *453 from the inmate phone system will direct them to the Nashville Sexual Assault Center. Inmates can call 91 from the PREA hotline from the inmate phone system, verbally inform any staff member, send a confidential letter to the Warden, and/or mail a letter to the Managing Director at the Facility Support Center.

CHAPTER 6

VISITATION

Searches

You are subject to search at any time. Searches of inmates, inmate housing units, and other areas of the facility shall be conducted in a manner which will avoid unnecessary force, embarrassment or indignity to those whose person and/or belongings are being searched.

Searches of your person, property and assigned living space are required to control contraband. Searches are made randomly and for cause. When directed, you are required to submit your person and/or your property for search. You are permitted, although not required, to be present during a living area search as long as you conduct yourself in an orderly manner. Care will be taken to prevent any damage, abuse or loss of your property. If necessary you may submit a loss of property claim for investigation. The maximum allowable reimbursement for a loss of property claim is \$50.00.

Times and patterns of searches shall vary as dictated by institutional needs. Strip searches are authorized by the Warden/designee and conducted for the purposes specified by institutional policy such as, but not limited to, returning from transportation runs, visitation contact, and work details.

An inmate who refuses to be searched will be charged with a disciplinary infraction. He may be forcibly searched upon prior approval of the Warden or ranking security staff. Inmates who refuse a search may be temporarily housed in a dry cell with prior approval of the warden/duty officer and commissioner's designee.

All inmates will be searched prior to contact visits. Upon completion of a contact visit you will be unclothed, searched, and placed back into uniform.

All visitors and vehicles on the facility grounds are subject to search.

Visitation Rules

Visits from your family, friends and others are conducted in the visitation area. Because visits are an important part of an inmate's life, we try to conduct visits in an informal and relaxed atmosphere, while at the same time maintaining order.

Inmates and visitors should remember that visiting is a privilege, not a right. Inmates can lose their privilege to receive visits, and visitors can lose their privileges to visit.

Falsification of identification by impersonating an authorized visitor may disqualify the approved visitor from future visits and may be considered an attempt by the inmate to circumvent visiting privileges. You will be subject to disciplinary action if an investigation reveals you knowingly conspired with a visitor to circumvent regulations.

The rules of the visiting area are included in your handbook. You and your visitors are expected to behave in a responsible and mature manner, respecting not only yourselves, but also other visitors and staff. You and your visitors are required to follow the directives of the visitation area officer at all times.

You and your visitors are expected to follow the rules posted in the lobby area and in the inmate handbook. Violation of these rules will result in termination of the visit with the possibility that visiting privileges will be suspended or revoked.

Visits by clergy are cleared through the Chaplain and Chief of Security. Your lawyer may come and confer with you here at any time, excluding count and meal times. Each attorney must present bona fide evidence of his/her license to practice law, to include a state bar membership card and matching identification, e.g. driver's license. These visits are in addition to regular visits and are not counted against your regular visits.

Each inmate has the responsibility to be properly clothed while visiting. You must wear CORECIVIC-issued clothing for visits. You are not allowed to wear hats, bandannas, headbands or religious head gear during visits. Inmates who are improperly dressed will not visit.

Inmates cannot wear jewelry, except for a wedding ring to the visiting area. It is your responsibility to leave your jewelry secured in your housing area. Jewelry, other than the wedding band, will be considered as contraband and will not be returned to you prior to your release from TTCC.

Visitation policies, are available in the inmate library.

The visitation schedule is posted in the housing units.

Trousdale Turner Correctional Center visiting days are on Saturday, Sunday, Monday, and designated holidays. Scheduled visiting hours are subject to change. The current visiting

schedule will be posted at the pedestrian checkpoint and on institutional bulletin boards. It will be the inmate's responsibility to provide his visitor with the designated visiting hours.

Inmates must remain seated at all times during visiting. Failure to do so will result in the visit being terminated.

Special visits will be strictly limited and will require strong supporting justification. Requests for special visits must be submitted to the Assistant Warden of Operations for consideration. Visitors may not bring any property items to an inmate during visitation.

The visitor approval process is as follows:

- Upon approval of applications, all members of the inmate's immediate family (as defined in TDOC policy) and up to eight (8) additional adults may be listed on the inmate's visitation list at one time.
- To add people to a visiting list, inmates should request a visitation application from the unit staff. The visitation application should be sent to the visitor who must complete it in its entirety and return it to the Visitation Supervisor. The Warden/designee will make the decision to approve or disapprove the application. When a visitor is either approved or disapproved, written notice shall be given to the inmate. It is the inmate's responsibility to notify the visitor that he/she has been approved/disapproved. If an inmate has the maximum allowable number of visitors on his list, he must request one (1) to be deleted before one (1) can be added.
- Facility staff will not disclose the status of a visitor application over the telephone. Visitation information will only be released to the affected inmate.
- Any omissions or falsifications of the visitation application and failure to notarize applications for minors will result in denial of the application form.

Inmate's visitors are not permitted to bring wallets nor purses in the facility. All money must be applied to a debit card in the lobby area before clearing checkpoint. Debit cards may be purchased in the front lobby of the facility prior to entering the visitation gallery.

All food and beverage purchases from vending machines inside the authorized visitation gallery will be purchased by the use of a debit/check debit card.

Visitor(s) will be permitted to bring in the following baby items: two (2) plastic baby feeding bottles, factory sealed powder baby formula not to exceed for two (2) feedings. Diapers (3) three (3) maximum, Baby wipes (adequate number of wipes to accommodate three diaper changes, plastic spoon and a pacifier. Visitor(s) must bring identification and are allowed car key, glasses, wedding ring, (1) other ring and ear ring(s).

Visitors must wear appropriate undergarments at all times. No spandex material, transparent or tight fitting clothing is allowed. Shoes must be worn at all times. Cut off shorts are not permitted. Shorts or skirts/dresses are permitted provided that the leg is covered to within three (3) inches above the knee in the standing position. No splits, buttons, slits, or zippers

from the hem line are allowed. No wrap-around skirts are allowed. No sundresses, backless or low cut clothing is allowed. The chest and midriff must be covered at all times. Clothing with logos that contain pictures, slogans or vulgarity, or sign/symbols of security threat groups is not permitted. No halters, tube or tank tops are allowed; all apparel must have sleeves. No sweat pants, stirrup pants and/or leggings are allowed.

Protective Custody inmates will receive non-contact visitation, behind glass, in accordance with TDOC policy 507.01.1, Non-Contact Visitation.

All visitation schedules are subject to change. **Visitors will not be allowed to visit between the hours of 9:15 a.m. and 11:30a.m. due to mandatory count procedures.**

VISITATION SCHEDULE

Scheduled hours will be provided to the inmates and posted at the pedestrian checkpoint. Inmates shall be responsible for notifying their visitors of schedule changes.

No visitor will be permitted on the premises for visitation until 1 hour prior to the start of visitation.

Monday evening visitation for all inmates is only allowed if the visitor has not already visited on the weekend. This visiting period is provided for those whose work schedules preclude weekend visits, not as an additional visiting period.

Visitation to all inmates in restrictive housing (pending hearing, pending investigation, administrative segregation, protective custody, and punitive segregation shall be non-contact. Punitively segregated inmates will not be allowed to visit.

VISITOR CLOTHING RESTRICTIONS

1. ALL shirts must be tucked in during the entire visit
2. NO skin tight nor sagging shirts or pants
3. NO patches or holes in pants
4. NO leggings or jeggings
5. NO ¾ sleeve tops or sleeveless shirts. Sleeves must reach mid-bicep. No low cut, revealing tops or see-through shirts
6. NO open toe or open back shoes. Shoes must be tied or strapped during the entire visit
7. NO hats, wallets, purses, coats, shorts, hooded shirts, jackets, hoops/dangling earrings (posts or studs only)
8. NO entry devices or key rings, gum, candy and paper
9. Children 1 year of age and older must have shoes on

**SATURDAYS, SUNDAYS, AND DESIGNATED
STATE HOLIDAYS**

Saturday

Bravo, Charlie and Echo Unit 7:00 AM-12:00 PM
Delta, Fox and Whiskey Unit 1:00 PM – 6:00 PM

SUNDAY

Delta, Fox and Whiskey Unit 7:00AM – 12:00 PM
Bravo, Charlie and Echo Unit 1:00 PM – 6:00 PM

MONDAY EVENING

(Segregation/PC-Non-Contact-By Appointment)

To make an appointment call 7 days in advance from 8 am-5 pm at (615) 808-0400 EXT 80432.

Segregation-N/C & Protective Custody: 9:00AM-11:00AM (Monday's ONLY)

General Population: 4:30 PM - 6:30 PM (Monday and Wednesday ONLY, if no weekend Visit.)

****Times are subject to change based on facility counts and facility needs.**

GENERAL VISITATION RULES

1. Present and former CORECIVIC employees are not allowed to visit. Tennessee Department of Corrections employees must have the written authorization of the chief deputy to request approval to visit. If a visitor is a former federal, state or local inmate, he/she must have been released from incarceration for at least one year prior to requesting approval to visit unless authorized by the warden. Visitors on parole or probation must be an immediate family member and must present a letter from their parole/probation officer.
2. All inmates will be searched prior to entry and before leaving the visitation area.
3. Visitation cannot be cancelled by a correctional officer; only a supervisor can terminate a visit. Also, a correctional officer cannot add or remove a name from the inmate's visitation list.

GENERAL RULES OF CONDUCT

The following Rules of Conduct have been designed to provide a high level of safety and security and to restrict behavior that is offensive to visitors and their children. Regardless of the rules, you are always required to follow the instructions of the visitation officer.

1. Persons who are under the influence of alcohol, drugs, or controlled substances, or who are unruly in any manner will not be allowed to visit and will be requested to leave the premises. Abuse may result in the permanent removal from the visitation list and may result in prosecution.
2. This is a tobacco-free facility. All tobacco products must remain in the visitor's parking lot and must be secured in your vehicle or a locker. Tobacco and lighting materials are considered contraband and will be subject to confiscation.

3. Physical contact between inmates and visitors is restricted to a brief kiss and embracing at the beginning and the end of the visits. Such displays of affection will be kept within the bounds of acceptable social behavior. During the course of the visit **all other contact is prohibited.**
4. Small children must be kept orderly and under control by the inmate and/or visitors at all times. Failure to do so may result in termination of the visit. Small children may be held in the laps of visitors or inmates. Inmates may not hold other inmates' children.
5. Inmates' hands will be kept on top of the table at all times. Failure to do so will result in the cancellation of the visit.
6. At no time will anything be passed between the visitor and the inmate. If visitors or inmates are found passing items the visit will be terminated and the visitation privilege may be suspended. This includes chips, candy and soda not purchased in the visiting area.
7. The visitation room officer will assign seating for the inmate and visitors. Once seated, there will be no changing seats without the permission of the visitation officer.
8. Neither inmates nor visitors will be loud, boisterous, unruly, or disruptive during visits.
9. The inmate will remain seated at all times, unless approved by the visitation officer.
10. Inmates and visitors are required to follow the directives of the visitation officer at all times.
11. Violation of visitation rules may result in the termination of the visit, with the possibility of visiting privileges being suspended or revoked.
12. The shift captain will interview any visitor who is found in possession of contraband. The visitor's visitation privileges may be suspended indefinitely and a determination will be made concerning whether or not to file criminal charges. Any re-instatement of visitation privileges must be granted by the warden or his/her designee.
13. Any inmate found with contraband from visitation or if it is determined that contraband was brought in to him/her through visitation, can have his/her visitation privileges suspended for a period of six months and up to indefinitely with whomever the visitor(s) was at the time of the visit.
14. Inmates shall be strip-searched before returning to the unit whether the visitor shows up or not.
15. Selected food items must be eaten in the visiting room only.
16. Inmates' and visitors' hands must be visible at all times.
17. Plastic bands are prohibited and cannot be worn on facility grounds.

During visitation, inmates should have one pair of socks, one pair of underwear, one t-shirt and/or bra (no long john shirt or pants), one pair of pants, and one shirt only. All inmates are required to wear the orange CORECIVIC issued tennis shoes to visit. Your TDOC-issued I.D. badge is a part of your uniform and you must be in your possession during visitation.

SPECIAL VISITS

A special visit is a visit which requires the visitors travel 200 miles out of town. An inmate must submit an inmate request form/special visit form to the unit management team at least one (1) week in advance, requesting date, time and name of visitor(s). This visit will count as the

inmate's weekly visit. The request for a special visit/extended visit will be returned either approved or denied by the Warden/Designee. If the time requested is already reserved another time must be requested. If the inmate is submitting for the weekends he must have the inmate request form/special visit form in by Thursday of the previous week. ALL SPECIAL AND EXTENDED VISIT REQUESTS MUST BE MADE IN WRITING BY THE INMATE TO HIS/HER UNIT MANAGEMENT TEAM AT LEAST ONE (1) WEEK IN ADVANCE. THIS VISIT WILL COUNT AS THE INMATE'S WEEKLY VISIT.

CLERGY & ATTORNEY VISITS

Visits by Clergy are cleared through the Warden/designee. Your lawyer may confer with you here at any time, excluding count and meal times. Each attorney must present bona fide evidence of his/her license to practice law, to include a state bar membership card and matching identification, e.g. driver's license. These visits are in addition to regular visits and are not counted against your regular visits.

VISITATION RESTRICTIONS

In addition to any sanctions imposed by the disciplinary hearing officer, all incidents involving contraband or violence will result in the suspension of all visitation for six months, followed by six months of non-contact visitation. Additionally any violation of visitation rules will result in the suspension of visitation privileges as determined by the Warden or his designee. Visitation privileges are solely determined by the Warden or his designee.

CHAPTER 7

MEDICAL AND MENTAL HEALTH SERVICES

Full-time health care professionals are employed by the institution to provide a full range of comprehensive medical, dental and mental health services. A clinic is operated for sick call, scheduled appointments and emergencies. Should it be assessed that you require service at a hospital, you will be transferred to an offsite hospital.

All newly admitted inmates will be assessed by the appropriate health care professionals as part of the intake process. Inmates who refuse to allow the intake screening will not be classified into general population for health and safety reasons.

Information regarding access to health care shall also be included in the inmate handbook, posted in all housing units and inmates shall sign acknowledgement of receiving information during intake screening.

Clinic Schedule:

Monday-Friday

Clinic hours: 6:00 a.m.-3:30p.m.

Chronic Care Clinic: 8:00 a.m. - 3:30p.m.

Dental Clinic: 8:00a.m.-3:30p.m.

Mental Health Clinic: 8:00a.m.-3:30p.m.

Sick Call: Open

Lab clinic: 4:00a.m.

Diabetic call out should be 30 minutes prior to scheduled meal times.

Clinic schedules are subject to change bases on facility count and facility needs.

KOP Pick-Up Schedule:

Monday	0630-0930	Whiskey
	1100-1330	Charlie
Tuesday	0630-0930	Delta
	1100-1330	OPEN
Wednesday	0630-0930	Charlie
	1100-1330	Whiskey
Thursday	0630-0930	Echo
	1100-1330	Bravo
Friday	0630-0930	OPEN
	1100-1330	CLOSED

Access to Care:

ACCESS FOR GENERAL POPULATION:

- 1.** Sick Call will be conducted at least 5 days a week, excluding holidays, in the East side gym exam room for inmates desiring routine health care services (medical, eye, dental, psychiatric, etc.). Sick call will begin at 0700 hours for the following units: Charlie, Delta, Fox, Whiskey, Echo, and Bravo.
 - a.** The am call-outs are initiated at the designated times. The pod officer will make a sick call announcement during count. When the count clears, the walk sergeant announces over the radio to place all sick call, blood pressure, etc. on standby. Staff will escort any inmate requesting to go to sick call. Inmates must have their ID and will bring their completed sick call request form with them. If they do not bring a sick call slip, the slips will be available in the gym.
 - b.** Dental complaints shall be presented at the regular sick call. The nursing staff shall assess dental complaints and refer directly to the facility dentist, who shall evaluate the complaints and provide treatment according to established clinical protocols.
 - c.** The medical drop box will be used mainly for Mental Health/Dental requests although medical requests will not be rejected.
 - d.** It shall be the inmate's responsibility to report for open sick call at the scheduled times.

2. For appointments scheduled by staff:

- a.** Medical call-outs will be posted in all housing units the night before the appointment.

- b. The inmates will be called when their appointment time has arrived, and will be required to report to medical immediately.
- c. Inmates will be required to give their ID to the medical officer immediately upon arrival.
- d. Any refusal to show or arrive at medical for a scheduled appointment may result in a disciplinary. Inmates who wish to refuse their appointment, must do so in person.

ACCESS FOR RESTRICTIVE HOUSING AND PROTECTIVE CUSTODY INMATES:

1. Medical staff will visit and conduct sick call for Restrictive Housing and Protective Custody inmates 7 days a week including holidays. Sick Call slips will be available upon request. Nursing staff will collect the slips during the daily visit.
2. If medical evaluation indicates, inmates shall be escorted to the clinic for evaluation.

Emergency Care

Health Services personnel are available on-site 24 hours per day to handle emergencies should they occur. However, medical and dental conditions which could be handled through sick call will not be dealt with as an emergency situation outside of sick call hours. **If you feel you are experiencing a medical emergency, advise the unit officer.** The unit officer will then call the medical staff. If deemed necessary, the inmate will be escorted to the medical department for further examination and treatment. ***Inmate workers are to immediately report any injuries they may incur to their supervising staff.**

Special Conditions

If a special medical appliance (such as crutches) is ordered, the inmate will be given a copy of the order to show authorization to security, as necessary. The inmate is expected to return the item by the expiration date or ask at a sick call appointment for an extension of the time to use the item.

Only the physician can order or approve a medical diet. The initial request should go through sick call procedure or will be ordered during the chronic care visit.

GENERAL RULES OF THE HEALTH CARE SERVICES DEPARTMENT

1. Sick call and medication will be conducted during posted hours. All other non-emergency visits will be by appointment. Co-payment charges will be applied in accordance with TDOC Policy 113.15.
2. Headgear will not be worn in the medical clinic.
3. No food or drink will be permitted in the medical area.
4. No loud or unruly behavior is allowed in the infirmary.
5. Passes and ID cards are required
6. All inmates will be properly clothed in TDOC uniform.
7. All posted rules will apply.
8. An inmate who becomes ill after reporting for work/school must report his illness to the supervisor/teacher. He/she will then be sent back to the housing unit by the

supervisor/teacher. The unit officer will then call the lieutenant who will in turn contact health services.

Refusal of Medical Care or Scheduled Appointment

Inmates who have requested sick call or have an appointment and refuse to be seen will be given a refusal form to sign, which will be placed in their medical records.

Outside Medical Appointments

If a provider determines a specialist needs to be consulted, approval must come from the corporate Medical Doctor. Once approved, the facility medical department must wait for the outside specialist to schedule an opening for an appointment once they have one in their office.

For security reasons, you will not be informed of the date and time of outside appointments.

Co-Payments

In accordance with TDOC Policy 113.15, Inmate Co-Payment for Health Services, there will be a \$3.00 charge for all self-initiated visits to medical. Staff initiated visits (Chronic Care, physicals, labs, TB Screenings, etc.) will not be charged a co-pay. The procedure will be as follows:

1. A TDOC CR-2727 (Personal Withdrawal Request) will be completed prior to being seen by medical staff with the exception of mental health referrals. This includes sick call at the segregation and protective custody units. If an inmate refuses to sign the slip, but wishes to be seen by medical staff, he will not be refused medical care but a \$3.00 charge will be deducted from his account for this visit.
2. After sick call hours and all emergencies will be charged a \$5.00 co-payment charge.
3. Work related injuries or injuries during school participation would have no charge.
4. If inmates are brought to medical as a result of an assault, no fee will be assessed. There will be no charge for initial medical checks prior to placement in segregation.
5. There is no charge for nursing or physician visits to inmates in the infirmary or on suicide watch.
6. If an inmate is seen for chronic clinic and presents to the nurse an additional problem, the nurse can either have the inmate sign up on nurse sick call or charge the inmate the \$3.00 fee and treat him at that time.

Chronic Care Clinic

Inmates with stable conditions including but not limited to: congestive heart failure, diabetes mellitus, hypertension, chronic respiratory diseases, COPD, neurological disorders to include epilepsy, Human Immunodeficiency Virus (HIV) must be seen no less than every six months by a practitioner, and annually by a physician. Inmates with the above conditions whose condition becomes unstable shall be seen every three months by a midlevel provider and a physician

every six months. If an inmate is seen for chronic clinic and presents to the nurse an additional problem, the nurse can either have the inmate sign up on nurse sick call or charge the inmate the \$3.00 fee and treat him at that time.

Mental Health Service

Psychiatric services are available daily Monday through Friday. The mental health coordinator evaluates all inmates soon after their admission to TTCC and makes referrals to the psychiatrist as needed. Inmates access psychiatric care in the same manner as medical care. The requests are evaluated daily by the medical staff and appropriate referrals are made. Only the psychiatrist can order psychiatric medications.

Mental health services will be provided upon request of the inmate by signing up on the nurse's sick call roster or requesting security staff to submit TDOC form CR-3431 (Mental Health Referral Form). Only emergency and after hour care will be provided by having security staff notify the medical department of the situation. There will be no charge for mental health services.

Optometry

Inmates requesting to see the optometrist will be charged the \$3.00 co-payment fee. Optometry services are available. If, in the event it is deemed necessary, through sick call and evaluation by the physician, glasses will be ordered. We will provide basic glasses only once. Plain lenses only will be provided. Tints and photo gray lenses will not be available. Replacement or repair of glasses will be done at the inmate's expense. Sunglasses are not provided through the medical department unless it is prescribed in conjunction with medical treatment. Contact lenses are not normally provided. There is a \$5.00 charge for glasses.

Dental Care

Dental care is available at TTCC. You may fill out a request to see the dentist. Dental services are limited to restorative care of teeth or extraction's. Recommencing, relining or adjustment of dentures is available, but dentures or other cosmetic devices to enhance appearance are not provided. In the event the dentist deems it medically necessary for dentures, they will be provided upon justification of such services. There is a \$5.00 charge for dentures.

1. Dental complaints shall be presented at the regularly scheduled sick call.
2. Dental examinations bi-annually are no charge unless they are TREATED during this bi-annual visit.

Medication Administration

Medication that you receive on a routine basis (both kept on person [kop] and dose by dose) will be dispensed during pill call. All prn or pain medication will be dispensed during regular pill

call. If, in an emergency, you need a prn or pain medication that has been ordered by the physician for you, contact the unit officer, who will, in turn, notify his/her supervisor.

Diabetics

Insulin Dependent Diabetic inmates will report to the gym when called according to physician orders.

Pill Call

Medication schedules are posted in each of the housing units. The housing unit officer will verbally notify his/her unit's population that "pill call" is approaching. It is the inmate's responsibility to present themselves in an organized manner in a single file line three feet in front of the pill call window and/or medical cart and only approach the cart/pill call window once called for. Inmates must be fully dressed including shoes, and must have their facility identification badge. A visual search of your mouth and hands will be conducted after you have swallowed the medicine. Exact times for medication call will vary slightly. It is the inmate's responsibility to be alert for instructions from the housing unit officer concerning medication calls. Once medications are ordered by medical staff it may take up to 3 days before arrival at the facility for formulary. Non formulary medication must be approved by the corporate medical doctor (MD). The timeframe from approval may vary. Once approval is granted the facility must wait for arrival of medication. Narcotics are considered non-formulary and must be approved by the facility doctor and by corporate MD.

Prescribed Medication Keep on Person (KOP) Medication

Medications prescribed from the physician may be kept on person (KOP) at the discretion of the doctor. Medications issued KOP must be secured in your housing unit. An inmate is allowed to possess one prescription container of each medication at any one time, and all such containers will be clearly marked KOP. Medications must be maintained in their original container.

When the physician has ordered a medication for you, it will be ordered from the pharmacy. When it arrives, medical staff will ensure that it is dispensed as authorized.

If you are allowed KOP medication, you will be informed of what the medication is and the directions for taking the medication.

1. You will be subject to random checks for compliance, administration, and any problems you may be experiencing.
2. If you are found to be non-compliant, abusing KOP, or fail to keep the medication secure, you may lose KOP privileges and disciplinary action may be initiated.

3. No KOP will be re-issued to any inmate unless the previous card is returned. All KOP cards will be returned upon completion or if requested.

If you must come to the medication line, you are expected to be there at the designated times. **Failure to pick-up prescribed medication may result in discontinuation of that medication and a request that you be evaluated at sick call will be initiated.**

An inmate who is found (a) with more than one prescription container of a single medication in their possession or (b) medications not kept in their original container will have KOP privileges suspended. The chart within the medical system will identify the packet, how many pills are in the pack, date, and the nurses' initials. To obtain a re-supply of KOP medication, the inmate must inform the nurse, at AM pill call by bringing the blister pack at least 4 days before completion. The health services department will then verify the prescription, and the re-supply will be issued with the exchange of the empty container.

Over the Counter (OTC) Medication

Many over-the-counter medications (i.e. Tylenol, Advil, cough drops, cough medicine, Pepto Bismol, and Maalox) will be available for purchase from the commissary.

If you need any of these medications, you can be seen at sick call. Health services personnel staff may refuse to provide an OTC for clinical reasons which will be explained to you. If you dispute this, you may request to discuss it with a provider.

Pain Medications (Narcotic, PRN)

1. The inmates will be fully dressed with shoes and will have their I.D. card in their possession.
2. The inmates will be released to the pill call window when called.
3. A visual search of mouth and hands will be conducted after you have swallowed the medicine.
4. Upon instruction from the officer you will return to your housing unit.
5. The exact times may vary slightly. It is the inmate's responsibility to be alert for instructions from the housing unit officer concerning the "pill call" line.
6. If you miss your scheduled pill call time due to a court appearance or other staff mandated reasons, have staff notify medical upon your return to the facility. However, inmates may not substitute one scheduled pill call time for another.

TTCC wants to assure a safe and humane environment for all inmates. TTCC has a ZERO tolerance for sexual assault and abuse.

There are many ways for inmates to protect themselves from getting into a situation that will make them susceptible to rape: **REMEMBER: Accept No Favors, Never gamble, and Never accept loans. If a sexual assault occurs immediately report it to the unit officer, counselor, other staff member or dial phone number 91 from the inmate phone located in the housing unit, and a medical and psychological assessment with appropriate referrals will be made.**

Respect yourself, Report the rape, and Reclaim your power.